2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State

02-10-2003 90182 024 ***150.00

DOCUMENT # P02000014015 1. Entity Name KEN'S CONSULTING, INC.					,	
Principal Place of Business Mailing Address 601 SHREVE ST 45A 601 SHREVE ST 45A PUNTA GORDA FL 33950 PUNTA GORDA FL 33950						
Principal Place of Business Mailing Address				F 100 titale Hts Batte matt casm aben, annu annu		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES Applied For		
City & State		City & State		47 96 1295	Not Applicable	
Zip	Charlotte		Country	`L. <u></u>	\$8.75 Additional Fee Required	
	- 8. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered	Agent	
MAKI KEMMETH C				Name		
MAKI, KENNETH C 601 Shreve St 45A			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
PUNTA GORDA FL 33950						
TONIA GOIDATE GOOD			City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
Make Check Payable to Florida Department of State				TO OFFICE OF AN	D DUDGGTODG IN 44	
10.	OFFICERS AND	DIRECTORS Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
TITLE NAME	Lu. Jathe Ma	Łi l	NAME	•	705	
STREET ADDRESS	6015hnevest 4	SA 4,71 33950	STREET ADDRESS CITY-ST-ZIP		88	
CITY-ST-ZIP	punta fordi	1 Pelete	TITLE		Change Addition Change Addition	
TITLE NAME		- Others	NAME			
STREET AODRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
-TITLE		Delete	mre		Change Addition	
NAME			NAME	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS	,	•	STREET ADORESS CITY-ST-ZIP		\	
CITY-ST-ZIP		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	*	- Dollar	NAME			
STREET ADDRESS			STREET ADDRESS			
City-St-ZIP		П №	CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME	,	☐ Delete	TITLE NAME	·		
STREET ADDRESS			STREET ADDRESS			
. CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: