
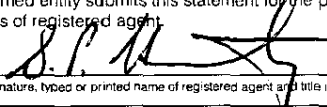
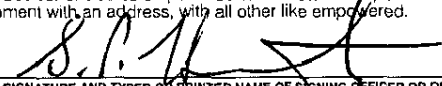


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90696 004 \*\*\*150.00

<b>DOCUMENT # P03000065650</b> 1. Entity Name <b>KINGDOM STATE VILLAS MANAGEMENT, INC.</b>			
Principal Place of Business <b>505 AVENUE A, NW STE 102 WINTER HAVEN, FL 33881</b>		Mailing Address <b>505 AVENUE A, NW STE 102 WINTER HAVEN, FL 33881</b>	
2. Principal Place of Business <b>846 Cassia Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>846 Cassia Drive</b> Suite, Apt. #, etc.	
City & State <b>Davenport, FL</b> Zip <b>33836</b> Country		City & State <b>Davenport, FL</b> Zip <b>33836</b> Country	
4. FEI Number <b>20-0437428</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOVONI, HARDING &amp; ASSOCIATES, INC. 505 AVENUE A, NW STE 102 WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name <b>Stephen Hartley</b> Street Address (P.O. Box Number is Not Acceptable) <b>846 Cassia Drive</b> City <b>Davenport</b> <b>FL</b> Zip Code <b>33836</b>	
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  DATE <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, STEPHEN 1 FAIRACRES, STANDISH, WIGAN UNITED KINGDOM LS14 3JL,	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORT H, LEE 6 FERNCHASE, SCARCROFT, LEEDS UNITED KINGDOM LS14 3JL,	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>4/26/04</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			