2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 10, 2006 08:00 AN Secretary of State **DOCUMENT # P03000097293** 1. Entity Name BERNARD KINNEY ASSOCIATES, INC. Principal Place of Business Mailing Address 9767 ERICA COURT 9767 ERICA COURT BOCA RATON, FL 33496 BOCA RATON, FL 33496 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 56-2393546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIPSON, SAUL B DO NOT WRITE 1515 UNIVERSITY DRIVE, 222 CORAL SPRINGS, FL 33071 IN THIS SPACE 3. 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 tide if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. $\Box$ Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KINNEY, BERNARD NAME STREET ADDRESS 9767 ERICA COURT BOCA RATON, FL 33496 CITY-ST-7IP U00000428959 TITLE 02/21/06-80066-025 150.nn NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CJTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED