2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119611

Entity Name: KENTEK FOUNDATION REPAIR INC

FILED May 02, 2006 Secretary of State

| _many ita | | OSIND/CHOINTELF/AICHOS | | | | |
|---|---|-------------------------------------|---|--|--|--|
| Current P | rincipal Place o | f Business: | New Prince | New Principal Place of Business: | | |
| 1996 REA NAVARRE | GAN RD. E, FL 32566 | | | | | |
| Current N | lailing Address | : | New Mailing Address: | | | |
| 1996 REAGAN RD. NAVARRE, FL 32566 | | | 2006 REAGAN RD. NAVARRE, FL 32566 | | | |
| FEI Number: 30-0212849 FEI Number Applied For () | | FEI Number Not Applicable () | | Certificate of Status Desired () | | |
| Name and | d Address of Cu | rrent Registered Agent: | Name and | Address o | f New Registered Agent: | |
| 2006 ŘEA NAVARRE | E, FL 32566 L | JS | of all an aire at | | d affice an usuishound around an heath | |
| | e named entity su e of Florida. | bmits this statement for the p | ourpose of changing i | ts registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electronic | Signature of Registered Age | ent | | Date | |
| | • | 2)(b), F.S., the corporation did no | ot receive the prior notic | e. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | | | |
| Title: Name: Address: City-St-Zip: | PRES () D PATE, SAMUEL K 2006 REAGAN RI NAVARRE, FL 32 | SR. D. | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TREA () C PATE, JUDY C 2006 REAGAN RI NAVARRE, FL 32 | | Title: Name: Address: City-St-Zip: | VP PATE, JUDY 2006 REAG, NAVARRE, F | | |
| Title: Name: Address: City-St-Zip: | VP () C SULLIVAN, JOES 1996 REAGAN RI NAVARRE, FL 32 | D. | Title: Name: Address: City-St-Zip: | SULLIVAN, C 1996 REAG | | |
| Title: Name: Address: City-St-Zip: | SEC (X) E HARDIN, WILLIAN 1996 B REAGAN NAVARRE, FL 32 | RD. | Title: Name: Address: City-St-Zip: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K. PATE SR. PRES 05/02/2006