
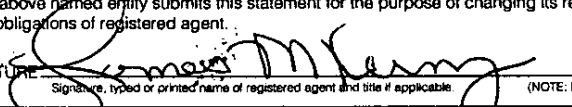
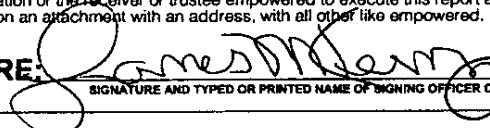


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90018 036 ***150.00

DOCUMENT # P03000130413 1. Entity Name KERNZ, INC.					
Principal Place of Business 132 N OLD DIXIE HWY. LADY LAKE, FL 32159 US			Mailing Address 18380 SW 57TH PLACE DUNNELLON, FL 34432 US		
2. Principal Place of Business 6170 CANNA LILY Suite, Apt. #, etc.		3. Mailing Address 6170 CANNA LILY Suite, Apt. #, etc.			
City & State HOMOSASSA FLORIDA		City & State HOMOSASSA FLORIDA		4. FEI Number 56-2413796	
Zip 34446		Country CITRUS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERNZ DAWN 18380 SW 57TH PLACE DUNNELLON, FL 34432			7. Name and Address of New Registered Agent Name JAMES M. KERNZ Street Address (P.O. Box Number is Not Acceptable) 6170 CANNA LILY City HOMOSASSA FL Zip Code 34446		
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  3-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME KERNZ, DAWN		<input checked="" type="checkbox"/> Delete	TITLE DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18380 SW 57TH PLACE	CITY-ST-ZIP DUNNELLON, FL 34432			STREET ADDRESS DELETE	
TITLE D	NAME KERNZ, JAMES M		<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18380 SW 57TH PL	CITY-ST-ZIP DUNNELLON, FL 34432			STREET ADDRESS 6170 CANNA LILY	
CITY-ST-ZIP DUNNELLON, FL 34432				CITY-ST-ZIP HOMOSASSA FL 34446	
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			JAMES M. KERNZ 3-15-06 352-875-4373		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		