

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147722

Entity Name: KENDALL VENTURES, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

Current Mailing Address:

505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

117 N KIRKMAN ROAD
SUITE 1
ORLANDO, FL 32811 US

New Mailing Address:

117 N KIRKMAN ROAD
SUITE 1
ORLANDO, FL 32811 US

FEI Number: 76-0786396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOVONI & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

KENDALL, ALISTAIR J MR
117 N KIRKMAN ROAD
SUITE 1
ORLANDO, FL 32811 US

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.

SIGNATURE: ALISTAIR JEREMY KENDALL

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KENDALL, ALISTAIR J
Address: 35 BOWERWOOD ROAD
City-St-Zip: FORDINGBRIDGE, HAMPSHIRE, UK SP6 1BL UK

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: KENDALL, ALISTAIR J MR
Address: 5533 LOMA VISTA DR E
City-St-Zip: DAVENPORT, FL 33896 US

Title: MRS () Change (X) Addition
Name: KENDALL, LISA J MRS
Address: 5533 LOMA VISTA DR E
City-St-Zip: DAVENPORT, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALISTAIR JEREMY KENDALL

MR

04/13/2005

Electronic Signature of Signing Officer or Director

Date