

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149810

Entity Name: KEDROUANCE, INC.

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

23029 STATE ROAD 7
BOCA RATON, FL 33428

New Principal Place of Business:

23039 STATE ROAD 7
BOCA RATON, FL 33428

Current Mailing Address:

23029 STATE ROAD 7
BOCA RATON, FL 33428

New Mailing Address:

23039 STATE ROAD 7
BOCA RATON, FL 33428

FEI Number: 20-1820112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYROUANCE, JOSEPH
23029 STATE ROAD 7
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

HYROUANCE, JOSEPH
23039 STATE ROAD 7
BOCA RATON, FL 33487 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: JOSEPH HYROUANCE

09/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: DORNEVIL, KEDNER
Address: 23039 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

Title: T D () Delete
Name: HYROUANCE, JOSEPH
Address: 23039 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

Title: SEC () Delete
Name: HYROUANCE, JOSEPH
Address: 23039 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

Title: ASEC (X) Delete
Name: GOTTLIEB, BENJAMIN M
Address: 3251 NORTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HYROUANCE, JOSEPH
Address: 23039 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

Title: SEC (X) Change () Addition
Name: HYROUANCE, JOSEPH
Address: 23039 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

Title: ASEC (X) Change () Addition
Name: GOTTLIEB, BENJAMIN M
Address: 23039 STATE ROAD 7621 NW 53RD ST, SUITE 42
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH HYROUANCE

PT

09/05/2006

Electronic Signature of Signing Officer or Director

Date