2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# P05000032901

Entity Name: KESTEPH CORP.

Current Principal Place of Business:

801 NORTH CONGRESS AVENUE #795
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO ROAD
LAKE WORTH, FL 33467 US

New Mailing Address:

801 NORTH CONGRESS AVENUE #795
BOYNTON BEACH, FL 33426 US

FEI Number: 20-2434629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOVE, DAVID
6586 HYPOLUXO ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

SOLOVE, DAVID
801 NORTH CONGRESS AVENUE #795
BOYNTON BEACH, FL 33426 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: 03/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOLOVE, DAVID
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

Title: VP ( ) Delete
Name: SOLOVE, SUSAN
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

Title: SEC ( ) Delete
Name: SOLOVE, SUSAN
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

Title: TREA ( ) Delete
Name: SOLOVE, DAVID
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

Title: DIR ( ) Delete
Name: SOLOVE, DAVID
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

Title: DIR ( ) Delete
Name: SOLOVE, SUSAN
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: FORT WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DAVID SOLOVE PRES 03/06/2007
Electronic Signature of Signing Officer or Director Date