

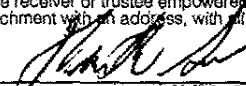


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000042187 1. Entity Name KENNY SEIBERT TRIM WORK, INC.			
Principal Place of Business 529 GERARD AVENUE ORLANDO, FL 32825 US		Mailing Address 529 GERARD AVENUE ORLANDO, FL 32825 US	
DO NOT WRITE IN THIS SPACE			
			
		07242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-2538244	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIBERT, KENNY 529 GERARD AVENUE ORLANDO, FL 32825		DO NOT WRITE IN THIS SPACE	
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 _____ <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	SEIBERT, KENNY		
STREET ADDRESS	529 GERARD AVENUE		
CITY - ST - ZIP	ORLANDO, FL 32825		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		7-29-07 407-538-1209	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	