2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90045 016 ***158.75

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01242006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000052864

1. Entity Name
KENNY'S CLASSIC DETAILING INC

Principal Place of Business	Mailing Address
~~3987 COCOPLUM CIRCLE~~ ~~COCONUT CREEK FL 33063 US~~	~~3987 COCOPLUM CIRCLE~~ ~~COCONUT CREEK FL 33063 US~~

2. Principal Place of Business	3. Mailing Address
7379 NW 22nd Pl	7379 NW 22nd Pl
Suite Apt # etc	Suite, Apt. #, etc.
City & State: MARGATE Fl	City & State: MARGATE Fl
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 20-2638832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESK, KENNETH
~~3987 COCOPLUM CIRCLE~~
~~COCONUT CREEK, FL 33063~~

7. Name and Address of New Registered Agent

Name:
Street Address (P O Box Number is Not Acceptable): 7379 NW 22nd Pl
City: Margate FL Zip Code: 33063

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: [signature] 01-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: BRESK, KENNETH STREET ADDRESS: ~~3987 COCOPLUM CIRCLE~~ CITY-ST-ZIP: ~~COCONUT CREEK, FL 33063~~	☐ Delete	TITLE NAME STREET ADDRESS: 7379 NW 22nd Pl, CITY-ST-ZIP: MARGATE, Fl 33063	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] KENNY BRESK 01-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #