

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 004 ***150.00



DOCUMENT # P05000053142

1. Entity Name

KIENLE ENTERPRISES, INC.

Principal Place of Business

750 NORTH ATLANTIC AVENUE, SUITE 805
COCOA BEACH FL 32931

Mailing Address

750 NORTH ATLANTIC AVENUE, SUITE 805
COCOA BEACH FL 32931



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E034 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

56-250 9922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name *Richard J. Kienle*
Street Address (P.O. Box Number is Not Acceptable)
750 N. Atlantic Ave. # 805
Cocoa Beach FL 32931
City **FL** Zip Code

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, 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME PST
KIENLE, RICHARD
STREET ADDRESS 750 NORTH ATLANTIC AVENUE, SUITE 805
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE Delete
NAME VDP
KIENLE, RICHARD
STREET ADDRESS 750 NORTH ATLANTIC AVENUE, SUITE 805
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 Section 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 321 537 9335