2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070832

Entity Name: KOVE ENTERPRISES, INC.

FILED Jun 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3910 CEDAR CAY CIRLCE 3910 CEDAR CAY CIRLCE VALRICO, FL 33594 VALRICO, FL 33596

Current Mailing Address: New Mailing Address:

3910 CEDAR CAY CIRLCE 3910 CEDAR CAY CIRLCE VALRICO, FL 33594 VALRICO, FL 33596

FEI Number: 20-2806021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

VERTUOZOVA, IRINA VERTUOZOVA, IRINA 3910 CEDAR CAY CIRLCE 3910 CEDAR CAY CIRLCE VALRICO, FL 33594 VALRICO, FL 33596

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: IRINA VERTUOZOVA 06/17/2009

> Electronic Signature of Registered Agent Date

> > Title:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition VERTUOZOVA, IRINA VERTUOZOVA, IRINA Name: Name: 3910 CEDAR CAY CIRLCE 3910 CEDAR CAY CIRLCE Address: Address:

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33596

(X) Change () Addition () Delete KONYAYEV, DIMITRIY Name: KONYAYEV, DIMITRIY Name: 3910 CEDAR CAY CIRLCE Address: 3910 CEDAR CAY CIRLCE Address: VALRICO, FL 33594 VALRICO, FL 33596 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRINA VERTUOZOVA PD 06/17/2009