

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127489

Entity Name: KINGSART INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

400 CHANCELLOR COURT
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

400 CHANCELLOR COURT
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-3563127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARBRIDGE, CHERIE
2395 LAKOTA LANE
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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: ST () Delete
Name: PEARISON, RENEE
Address: 5434 ALFRED STREET
City-St-Zip: CROZET, VA 22932

Title: VP () Delete
Name: BLACKWELL, TRISHA
Address: 400 CHANCELLOR COURT
City-St-Zip: SAINT CLOUD, FL 34769

Title: P () Delete
Name: HARBRIDGE, CHERIE
Address: 2395 LAKOTA LANE
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: PEARISON, MONTY R
Address: 5434 ALFRED STREET
City-St-Zip: CROZET, VA 22932

Title: D () Delete
Name: BLACKWELL, NATHAN
Address: 400 CHANCELLOR CT
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PEARISON, RENEE
Address: 5434 ALFRED STREET
City-St-Zip: CROZET, VA 22932

Title: VPST (X) Change () Addition
Name: BLACKWELL, TRISHA
Address: 400 CHANCELLOR COURT
City-St-Zip: SAINT CLOUD, FL 34769

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 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: CHERIE HARBRIDGE

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date