

2007 FOR PROFIT CORPORATION ANNUAL REPORT


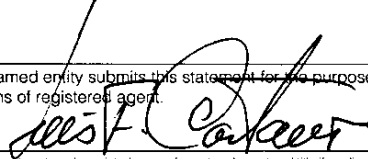

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Mar 30, 2007 8:00 am
Secretary of State

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03192007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000131127			
1. Entity Name KC CONSTRUCTION & RENOVATIONS COMPANY			
Principal Place of Business 1200 NORTH CENTRAL AVE. SUITE 110 KISSIMMEE, FL 34747		Mailing Address 1200 NORTH CENTRAL AVE. SUITE 110 KISSIMMEE, FL 34747	
2. Principal Place of Business - No P.O. Box # 2638 N. Orange Blossom Trl		3. Mailing Address 2638 N. OBT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744	Country Osceola	Zip 34744	Country Osceola
6. Name and Address of Current Registered Agent BEDOYA, ORLANDO 1200 NORTH CENTRAL AVE. SUITE 110 KISSIMMEE, FL 34747		4. FEI Number 20-3511229	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name LOUIS F. CASTANO			
Street Address (P.O. Box Number is Not Acceptable) 8853 Commodity Circle sk #6			
City Orlando		FL	Zip Code 32819
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 		LOUIS F. CASTANO President 3/27/07	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME CASTANO, LUIS F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1200 N CENTRAL AVE STE 110	CITY-ST-ZIP KISSIMMEE, FL 34747	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: 		President	3/27/07 407-370-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #