2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133149

City-St-Zip:

Entity Name: KERNAN BLVD. ASSOCIATES, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	HARD ROAD			
SUITE 201		2022400 116		
ORANGE	PARK, FL 320	JU33408 US		
Current Mailing Address:			New Mailing Address:	
414 OLD F SUITE 201	HARD ROAD			
	PARK, FL 320	0033408 US		
FEI Number	: 20-3743437	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:
414 OLD F SUITE 201	S, JR., MABR` HARD ROAD 1 PARK, FL 32(
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	WOOD, SUSAI 414 OLD HARI) Delete N D VP D ROAD, SUITE 201 K, FL 320033408 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	EDWARDS, JF 129 PARKSIDE) Delete t., MABRY PRES E DRIVE IINE, FL 320956816 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SPENCER, SA 414 OLD HARI) Delete NDRA S SEC) ROAD, SUITE 201 K, FL 320033408 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	,) Delete t., MABRY CFO E DRIVE	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: SUSAN D WOOD VP 04/23/2008

SAINT AUGUSTINE, FL 320956816 US