

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 29, 2007  
Secretary of State**

DOCUMENT# P05000140889

Entity Name: KENT CORP

**Current Principal Place of Business:**

1404 SW 12 AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1404 SW 12 AVENUE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 42-1681527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEARNS, TODD E  
6211 KIMBERLY BLVD.  
LAUDERDALE, FL 33068      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KEARNS, TODD E  
Address: 6211 KIMBERLY BLVD.  
City-St-Zip: LAUDERDALE, FL 33068

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      ( ) Change (X) Addition  
Name: JEAN-LOUIS, BINAH  
Address: 11700 SW 2ND STREET #301  
City-St-Zip: PEMBROKE PINES, FL 33025

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: TODD KEARNS

P

05/29/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date