


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000003085
 1. Entity Name
 THE KEARNS GROUP, INC.



Principal Place of Business Mailing Address
 19315 GARDEN QUILT CIRCLE 19315 GARDEN QUILT CIRCLE
 LUTZ, FL 33558 LUTZ, FL 33558



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4175424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMAS, KEARNS
 19315 GARDEN QUILT CIRCLE
 LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000861802
 04/03/08-80022-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNS, THOMAS 19315 GARDEN QUILT CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KEARNS, THOMAS 19315 GARDEN QUILT CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KEARNS, THOMAS 19315 GARDEN QUILT CIRCLE LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Thomas Kearns* 1/3/08 813-820-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #