

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000116282

1. Entity Name  
KINGDOM CAPITAL INVESTMENTS, INC.



**FILED  
Aug 14, 2007 8:00 am  
Secretary of State**

08-14-2007 90008 049 \*\*\*150.00

Principal Place of Business  
11557 VIA LUCERNA CIRCLE  
WINTER MERE, FL 34786

Mailing Address  
11557 VIA LUCERNA CIRCLE  
WINTER MERE, FL 34786

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07312007 Chg-P CR2E034 (12/06)

4. FEI Number *20-5992918* Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREEN, DAVID J  
11557 VIA LUCERNA CIRCLE  
WINTER MERE, FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

*DAVID J. GREEN*

*8-3-07*

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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, DAVID J 11557 VIA LUCERNA CIRCLE WINTER MERE, FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement 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 all business with all other like empowered

SIGNATURE: *DAVID J. GREEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8-3-07 407 520-7877*