


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P06000152520 | |  |
| 1. Entity Name K&C HOUSING INVESTMENTS INC. | | |

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| Principal Place of Business 1814 SW 94 TERRACE MIRAMAR, FL 32305 | Mailing Address 1375 PULLEN RD APT 424 TALLAHASSEE, 33023 |
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| 2. Principal Place of Business - No P.O. Box # 12074 fountainbrook blvd Suite, Apt. #, etc. 1044 City & State Orlando, FL Zip 32825 | 3. Mailing Address 12074 fountainbrook blvd Suite, Apt. #, etc. 1044 City & State Orlando, FL Zip 32825 |
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07132007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 77-0677668 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WRIGHT, KAHIL 1814 SW 94 TERRACE MIRAMAR, FL 32305 | |
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| 7. Name and Address of New Registered Agent Name Kahil Wright Street Address (P.O. Box Number is Not Acceptable) 12074 fountainbrook blvd Apt 1044 City Orlando, FL Zip Code 32825 | |
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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.

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| SIGNATURE <u>Kahil Wright</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WRIGHT, KAHIL 1375 PULLEN RD APT. 424 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUTHERIE, CRYSTALLE 2048 WARWICK TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P wright, Kahil 12074 fountainbrook blvd Apt. 1044 Orlando FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Guthrie, Crystalle 12074 fountainbrook blvd Apt. 1044 Orlando FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300106642223 07/24/07--01055--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 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.

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| SIGNATURE: <u>Kahil Wright</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
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FILED

07 JUL 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

