2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P07000083429

Entity Name: DR. KENNEDY HOMES GP, INC.

Current Principal Place of Business:

437 SW 4TH AVE
FT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

437 SW 4TH AVE
FT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 26-2437337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENGLISH, TAM A
437 SW 4TH AVE
FT LAUDERDALE, FL 33315 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR. ( ) Delete
Name: CAMP, JAMES D III
Address: 111 SE 12TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR. ( ) Delete
Name: TRANAKAS, NICHOLAS H
Address: 6405 N FEDERAL HWY, SUITE 401
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: DIR. ( ) Delete
Name: CARSON, SHIRLEY
Address: 1436 SISTRUNK BLVD. NO. 5
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DIR. ( ) Delete
Name: KELLEY, ROBERT P
Address: 712 SW 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: DIR. ( ) Delete
Name: GOODCHILD, QUINN F
Address: 633 SOUITH ANDREWS AVENUE #500
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DIR. (X) Change ( ) Addition
Name: KELLEY, ROBERT W
Address: 700 SE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DIR. (X) Change ( ) Addition
Name: POZZUOLI, GINA R
Address: 110 SE 6TH STREET, 15TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

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: TAM A. ENGLISH DIR 03/24/2009

Electronic Signature of Signing Officer or Director Date