2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127892

Entity Name: KENYON STUDIOS INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11571 MANDARIN COVE LANE JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

11571 MANDARIN COVE LANE 8524 CROSSWINDS DRIVE JACKSONVILLE, FL 32223 SAINT AUGUSTINE, FL 32092

FEI Number: 26-1502348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KENYON, ANDREW

11571 MANDARIN COVE LANE

JACKSONVILLE, FL 32223 US

KENYON, ANDREW

8524 CROSSWINDS DRIVE

SAINT AUGUSTINE, FL 32092 US

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: 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 KENYON, ANDREW M

Name:
KENYON, ANDREW M

Address: 11571 MANDARIN COVE LANE Address: 8524 CROSSWINDS DRIVE City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: CEO () Delete Title: () Change () Addition Name: KENYON. ANN M Name:

Address: 11571 MANDARIN COVE LANE Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip:

Title: TRES () Delete Title: TRES (X) Change () Addition

Name:KENYON, RACHEL RName:KENYON, RACHEL RAddress:11571 MANDARIN COVE LANEAddress:8524 CROSSWINDS DRIVECity-St-Zip:JACKSONVILLE, FL 32223City-St-Zip:SAINT AUGUSTINE, FL 32092

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: ANDREW MANRY KENYON PRES 04/02/2009