


FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 030 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|---|---|---|
| DOCUMENT # P93000019323 | |  | |
| 1. Entity Name KENWRIGHT USA CORP. | | | |
| Principal Place of Business 1501 BROADWAY #1613 #1613 NEW YORK, NY 10036 | | Mailing Address 1501 BROADWAY #1613 #1613 NEW YORK, NY 10036 | |
| 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 |
| | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| T NAME STREET ADDRESS CITY-ST-ZIP | SHARP, ALAN BKL HOUSE 106 HARROW RD LONDON, UK W21RR <input type="checkbox"/> Delete | T NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| C NAME STREET ADDRESS CITY-ST-ZIP | STEWART FITZROY, ANNE 1501 BROADWAY #1613 NEW YORK, NY 10036 <input type="checkbox"/> Delete | T NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | T NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| T NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | T 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. | | | |
| SIGNATURE: <u><i>Alan Sharp</i></u> | | Date: <u>2/27/08</u> Daytime Phone #: <u>212-730-4995</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

40032695



02112008 Chg-P CR2E034 (12/06)

4. FEI Number: **65-0394007** Applied For ☐ Not Applicable ☐

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