2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 25, 2007 08:00 A Secretary of State **DOCUMENT # P93000047341** 1. Entity Name KISBY ENTERPRISES, INC. Mailing Address Principal Place of Business 13 BUNRER PLACE 13 BUNRER PLACE ROTONDA WEST, FL 33947 ROTONDA WEST, FL 33947 US No Chg-P CR2E034 (11/05) 03072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0424240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KISBY, ROY A 13 BUNRER PLACE ROTONDA WEST, FL 33947 IN THIS SPACE 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, typed or printed game of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000730277 05/08/07-80074-007 150.00 TITLE KISBY, ROY A NAME STREET ADDRESS 13 BUNKER PLACE CITY-ST-7/P ROTUNDA WEST, FL 33947 TITLE KISBY, JOY NAME STREET ADDRESS 13 BUNKER PLACE ROTONDA WEST, FL 33947 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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