

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 022 ***150.00

DOCUMENT # P95000001289 1. Entity Name KENRAY I.M.C. LIMITED INC.					
Principal Place of Business 663 LAUFLIN COURT LAWRENCEVILLE, GA 30043-2333			Mailing Address 663 LAUFLIN COURT LAWRENCEVILLE, GA 30043-2333		
2. Principal Place of Business 3300 HOLCOMB BRIDGE RD Suite, Apt. #, etc. 240		3. Mailing Address 3300 HOLCOMB BRIDGE RD Suite, Apt. #, etc. 240			
City & State NORCROSS, GA		City & State NORCROSS, GA		4. FEI Number 59-3292484 <input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
Zip 30092 Country USA		Zip 30092 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. 390 NARRAGANSETT STREET NE PALM BAY, FL 32907				7. Name and Address of New Registered Agent 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, 2005 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KINGSTON, PAUL 663 LAUFLIN COURT LAWRENCEVILLE, GA 3043 2333	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINGSTON, PEARL 663 LAUFLIN COURT LAWRENCEVILLE, GA 3043 2333	<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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>P. Kingston</i> PEARL KINGSTON 4/20/05 (770) 380-5906 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					