2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2004 08:00 AM **DOCUMENT # P95000092316** Secretary of State 1. Entity Name KENN VISSER CONSULTING, INC. Mailing Address Principal Place of Business DAVID A DUNKIN, PA 1754 BAYSHORE DRIVE 170 W DEARBORN STREET ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 115 No Chg-P CR2E034 (10/03) 01072004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0632887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNKIN, DAVID A DO NOT WRITE 170 WEST DEARBORN STREET ENGLEWOOD, FL 34223-3290 IN THIS SPACE 3. 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 Signature, hypod or printed name of registered agent and title if applicable. (NOTE: Registered Agent argneture required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000095158 24/04 00021 019 156.00 OFFICERS AND DIRECTORS 10. PD THE HAME VISSER, KENN STREET ADDRESS 1754 BAYSHORE DRIVE CMY-ST-ZIP ENGLEWOOD, FL 34223 STD MILE VISSER, LINDA L NAME STREET ADDRESS 1754 BAYSHORE DRIVE ENGLEWOOD, FL 34223 CITY-ST-ZP PILE NAME STREET ADDRESS DO NOT WRITE CITY-ST- AP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 oats, 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:

STREET ADDRESS
CITY-ST-ZIP

ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SPINATINE AND TYPED OR POSITED NAME OF SIGNING OFFICER OR DESECTOR

3/19/04 947 4743153

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