

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025112

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: KINTIGH KARE SERVICES, INC.

## Current Principal Place of Business:

12045 SW 117 CT  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

20458 OLD CUTLER RD.  
#212  
MIAMI, FL 33189

## New Mailing Address:

PO BOX 970768  
MIAMI, FL 33197

FEI Number: 65-0656542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOHSIN-KINTIGH, NANCY  
10030 BAHAMA DRIVE  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: KINTIGH, DAVID DELANE  
Address: 10030 BAHAMA DR.  
City-St-Zip: MIAMI, FL 33189

Title: VP ( ) Delete  
Name: KINTIGH, DAVID DWIGHT  
Address: 255 LYNN AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: P ( ) Delete  
Name: KOHSIN-KINTIGH, NANCY  
Address: 10030 BAHAMA DR.  
City-St-Zip: MIAMI, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID DELANE KINTIGH

VP

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date