


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081242 1. Entity Name KENWOOD CARE CORP.	
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FILED

07 AUG -9 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business FULTON MD FULTON, MD 20759 US	Mailing Address P O BOX 229 FULTON, MD 20759 US
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07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SESSLER, VICTORIA
7400 SUN ISLAND DRIVE #801
SAINT PETERSBURG, FL 33707

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME	P	SESSLER, VICTORIA
STREET ADDRESS		7400 SUN ISLAND DRIVE #801
CITY - ST - ZIP		SAINT PETERSBURG, FL 33707
TITLE NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		

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08/14/07--01007--001 **350.00

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IN THIS SPACE

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: Victoria Sessler 8/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #