


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081242 1. Entity Name KENWOOD CARE CORP.	
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Principal Place of Business FULTON MD FULTON, MD 20759 US	Mailing Address P O BOX 229 FULTON, MD 20759 US
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DO NOT WRITE IN THIS SPACE

FILED

07 AUG -9 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3403855	Applied For 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	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SESSLER, VICTORIA 7400 SUN ISLAND DRIVE #801 SAINT PETERSBURG, FL 33707
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 08/14/07--01007--001 **350.00

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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 #