2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P97000027278 1. Entity Name KENVELM, INC. Principal Place of Business __ Mailing Address 5332 S.W. 8TH COURT 5332 S.W. 8TH COURT CAPE CORAL, FL CAPE CORAL, FL 03292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3448040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BEAL, KENNETH DO NOT WRITE 5332 S.W. 8TH COURT CAPE CORAL, FL 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, typed or printed name of registered agent and title if applicable DATE INOTE, Registered Agent signature regulard when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE BEAL, KENNETH NAME STREET ADDRESS 5332 S.W._8TH COURT CAPE CORAL, FL 33913 CITY-ST-ZIP TITLE NAME 09/16/05-80041-008 150,00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; 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.

ME OF SIGNING OFFICER OR DIRECTOR

FILED