2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # P97000027278** 04-05-2006 90136 005 ***150.00 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 No Chg-P CR2E034 (11/05) 03272006 DO NOT WHITE IN THIS SPACE 4. FEI Number Applied For 59-3448040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD NAME BEAL, KENNETH STREET ADDRESS 5332 S.W. 8TH COURT CiTY-ST-ZIP CAPE CORAL, FL 33913 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED