


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 005 ***155.00

DOCUMENT # P97000058469 1. Entity Name BEVERLY KENNEDY & ASSOCIATES, INC. <i>A/K/A KENNEDY & ASSOCIATES</i>					
Principal Place of Business 100 N. FEDERAL HWY. SUITE 534 FORT LAUDERDALE, FL 33301		Mailing Address 3240 SEAWARD DRIVE LAUDERDALE BY THE SEA, FL 33062			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0765459	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, BEVERLY B 3240 SEAWARD DRIVE LAUDERDALE BY THE SEA, FL 33062			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO	NAME KENNEDY, BEVERLY	<input type="checkbox"/> Delete	TITLE P. ST.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 3240 SEAWARD DRIVE	CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33062		STREET ADDRESS	CITY-ST-ZIP	
TITLE D.VP	NAME KENNEDY, ED A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3240 SEAWARD DRIVE	CITY-ST-ZIP LAUD. BY THE SEA, FL 33062		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME HARDMAN, LAURA D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11640 NW 10TH ST	CITY-ST-ZIP DAVIE, FL 33325		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME KLEBAN, JACK MR.	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 100 N. FEDERAL HWY. SUITE 534	CITY-ST-ZIP FORT LAUDERDALE, FL 33301		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Beverly B Kennedy, Pres & CEO</i>			Date: <i>May 2, 2006</i>		Daytime Phone #: <i>954-829-9490</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					