2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90423 015 ***150.00

DOCUMENT # P98000006771

1. Entity Name
KENT MANAGEMENT S.E., INC.

40060212

Principal Place of Business	Mailing Address
3531 N EAST 30TH AVENUE LIGHTHOUSE POINT, FL 33064	56 MAPLE STREET WARWICK, RI 02888

2. Principal Place of Business 56 Maple Street	3. Mailing Address	02162006 Chg-P CR2E034 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State Warwick, RI	City & State	4. FEI Number 06-1505812	Applied For Not Applicable
Zip 02888	Country USA	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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
Signature, typed or printed name of registered agent and title if 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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVTS		☐ Delete	TITLE		☐ Change ☐ Addition
NAME MARAIA, LOIS			NAME		
STREET ADDRESS 56 MAPLE ST			STREET ADDRESS		
CITY-ST-ZIP WARWICK, RI 02888			CITY-ST-ZIP		
TITLE D		☐ Delete	TITLE		☐ Change ☐ Addition
NAME MARAIA, LOIS			NAME		
STREET ADDRESS 56 MAPLE ST			STREET ADDRESS		
CITY-ST-ZIP WARWICK, RI 02888			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: _Lois Maraia_   4-7-06   401-784-35 __
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #