2006 FOR PROFIT CORPORATION

Jan 17, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P98000020995 01-17-2006 90277 001 ***300.00 1. Entity Name KENCO DEVELOPMENT, INC. Principal Place of Business Mailing Address 9220 BONITA BEACH RD. 9220 BONITA BEACH RD. 66000062 SUITE 215 SUITE 215 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3505591 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Denise ROSBOROUGH, KAREN Street Address (P.O. Box Number is Not Acceptable) 9220 BONITA BEACH ROAD STE 215 **BONITA SPRINGS, FL 34135** 9220 Bonita Ste 215 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 parta Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature require 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 n TITLE ☐ Delete TITLE ☐ Change Addition SAUNDRY, KENNETH P SR NAME NAME 9220 BONITA BEACH RD #215 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition SAUNDRY, KENNETH P JR NAME NAME STREET ADDRESS 9220 BONITA BEACH RD #215 STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

12. Thereby 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 required for trusteegempowed 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 attachm

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED