2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM Secretary of State DOCUMENT # P98000047447 SCOTT KENYON ENTERPRISES, INC. Principal Place of Business Malling Address 9625 MAJESTIC WAY 9625 MAJESTIC WAY BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 CR2E034 (11/05) 03012006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0838850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KENYON, SCOTT DO NOT WRITE 9625 MAJESTIC WAY BOYNTON BEACH, FL 33437 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, 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS KENYON, SCOTT NAME STREET ADDRESS 9625 MAJESTIC WAY CITY-ST-2IP BOYNTON BEACH, FL 33437 -7177 F KENYON, WENDY 03/22/06 80061 019 150.00 9625 MAJESTIC WAY STREET ACCRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 NAME STREET ADDRESS DO NOT WRITE CHTY-ST-Z/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 certify 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.

Hen Wendy Kenyon

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED