04/19/2007 1:55 PM FROM: Wolfe Financial Grp Wolfe Financial Grp TO: 1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90166 017 ***150.00

DOCUMENT # P98000070483

1. Entity Name
KENSINGTON FINANCIAL SERVICES, INC.

Principal Place of Business
9811 VOYLES LOOP
POLK CITY, FL 33868

Mailing Address
~~9707~~ 9811 VOYLES LOOP ROAD
POLK CITY, FL 33868

04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
same as above		9811 Voyles loop	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Polk City, Fl	
Zip	Country	Zip: 33868	Country: Polk

4. FEI Number: 59-3526260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOTH, AUDREY T
~~9707~~ VOYLES LOOP ~~ROAD~~ 9811 voyles loop
POLK CITY, FL 33868 Polk City, Fl 33868

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 Audrey T Booth April 23, 2007
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, 2007 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 10		
TITLE	PSTD	☐ Delete	TITLE	address	☑ Change ☐ Addition
NAME	BOOTH, AUDREY T		NAME	Booth, Audrey T	
STREET ADDRESS	~~9707~~ VOYLES LOOP ~~ROAD~~ 9811 Voyles loop		STREET ADDRESS	9811 Voyles loop	
CITY-ST-ZIP	POLK CITY, FL 33868 Polk City, Fl 33868		CITY-ST-ZIP	Polk City, Fl 33868	
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-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-ZIP		
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: Audrey T Booth April 23, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #