## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000051976

Entity Name: KIS ENTERPRISES, INC.

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NDEVON LANE BEACH, FL 33446	US			
Current Mailing Address:			New Mailing Address:		
	NDEVON LANE BEACH, FL 33446	US			
FEI Number	: 65-0924966 FE	I Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Curre	ent Registered Agent:	Name and Address of	of New Registered Agent:	
7731 GLEI	F, SANDRA L NDEVON LANE BEACH, FL 33446	US			
	e named entity subm e of Florida.	nits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic Si	gnature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trus	st Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD () Dele KIRSHNER, SEYMOU 7731 GLENDEVON L DELRAY BEACH, FL	JR .ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () Dele DAVIDOFF, SANDRA 7731 GLENDEVON L DELRAY BEACH, FL	L ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Dele KIRSHNER, BETH 7731 GLENDEVON L DELRAY BEACH, FL	ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Dele DAVIDOFF, STANLE 7731 GLENDEVON L	Y .ANE	Title: Name: Address: CitysSt-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYMOUR KIRSHNER PD 03/05/2009