

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091039

Entity Name: KINNAIRD KLEARING, INC.

FILED
Jul 26, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1172
GENEVA, FL 32732

New Principal Place of Business:

299 STEWART STREET
GENEVA, FL 32732

Current Mailing Address:

PO BOX 1172
GENEVA, FL 32732

New Mailing Address:

FEI Number: 59-3604138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINNAIRD, TONY
299 STEWART ST
GENEVA, FL 32732 US

Name and Address of New Registered Agent:

KINNAIRD, TONY L
299 STEWART ST
GENEVA, FL 32732 US

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.

SIGNATURE: TONY L KINNAIRD

07/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINNAIRD, TONY
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

Title: V () Delete
Name: KINNAIRD, SUSAN
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

Title: V () Delete
Name: KINNARD, LARRY
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINNAIRD, TONY L
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

Title: V (X) Change () Addition
Name: KINNAIRD, SUSAN A
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

Title: V (X) Change () Addition
Name: KINNARD, LARRY E
Address: 299 STEWART ST
City-St-Zip: GENEVA, FL 32732

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: TONY L KINNAIRD

P

07/26/2007

Electronic Signature of Signing Officer or Director

Date