


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S03964</b> 1. Entity Name KINESIS, INC.	
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Principal Place of Business 299 CAMINO GARDENS BLVD., #302 BOCA RATON, FL 33432	Mailing Address 801 SHORE DRIVE BOYNTON BEACH, FL 33435
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02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0224519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  ABELSON, GENE 801 SHORE DRIVE BOYNTON BEACH, FL 33435
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	U000000854300 03/13/07-80055-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ABELSON, GENE 801 SHORE DRIVE BOYNTON BEACH, FL 33435
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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:** Gene Abelson 3/2/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #