

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 025 ***150.00

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04082006 Chg-P CR2E034 (11/05)

DOCUMENT # S17057 1. Entity Name KENE ENTERPRISES, INC.					
Principal Place of Business 1060 MAITLAND CENTER COMMONS BLVD STE 350 MAITLAND, FL 32751 US			Mailing Address 35624 KINGS LANE EUSTIS, FL 32726 US		
2. Principal Place of Business 1531 EAGLE NEST CIR. Suite, Apt. #, etc.		3. Mailing Address 1531 EAGLE NEST CIR. Suite, Apt. #, etc.			
City & State WINTER SPRINGS, FL Zip 32708		City & State WINTER SPRINGS, FL Zip 32708		4. FEI Number 59-3038932	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, KAREN 35624 KINGS LANE EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name KAREN STEWART Street Address (P.O. Box Number is Not Acceptable) 1531 EAGLE NEST CIR. WINTER SPRINGS, City FL Zip Code 32708	
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 <u><i>Karen A. Stewart</i></u> Chairman DATE 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEWART, KAREN A 35624 KINGS LANE EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAREN A. STEWART 1531 EAGLE NEST CIR. WINTER SPRINGS, FL 32708
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELAURA, STEPHANIE P 1115 CHEDON COURT APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DELAURA, STEPHANIE P 1115 CHEDON COURT APOPKA, FL 32712
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALARZA, GILBERT 536 E OSCEOLA RD GENEVA, FL 32732	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALARZA, GILBERT 536 E OSCEOLA RD GENEVA, FL 32732
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WISHON, REGINA 1935 CENTER DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGINA WISHON 1935 CENTER DRIVE CASSELBERRY, FL 32707
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREBS, MATT 720 OAKLAND HILLS CIRCLE #212 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREBS, MATT 720 OAKLAND HILLS CIRCLE #212 LAKE MARY, FL 32746
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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: <u><i>Karen A. Stewart</i></u> KAREN A. STEWART 4/17/06 407-3607689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					