

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014483

**FILED
Mar 01, 2007
Secretary of State**

Entity Name: KINGSLEY INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5335 NORTH MILITARY TRAIL
SUITE 45
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5335 NORTH MILITARY TRAIL
SUITE 45
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-2293122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAINES, RAYANTHONY
5251 NW 113TH AVE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAINES, RAYANTHONY K
Address: 5251 NW 113TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T () Delete
Name: CAINES, KIESHA J
Address: 5251 NW 113TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: THEODORE, FADNER
Address: 19323 NW 86TH AVE
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYANTHONY K CAINES

P

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date