

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002117

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE KEMTAH GROUP, INC.

Current Principal Place of Business:

6565 AMERICAS PARKWAY NE
620
ALBUQUERQUE, NM 87110

New Principal Place of Business:

Current Mailing Address:

6565 AMERICAS PARKWAY NE
620
ALBUQUERQUE, NM 87110

New Mailing Address:

FEI Number: 85-0356242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 32344 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: CPT () Delete
Name: HARRIS, KEITH A
Address: 6565 AMERICAS PARKWAY NE
City-St-Zip: ALBURQUERQUE, NM 87110

Title: DS () Delete
Name: HARRIS, SARAH J
Address: 6565 AMERICAS PARKWAY NE
City-St-Zip: ALBUQUERQUE, NM 87110

Title: DV () Delete
Name: HARRIS, MAX E
Address: 4965 CRESTBROOK
City-St-Zip: WATERFORD, MI 48328

Title: VP (X) Delete
Name: GIBSON, GARY
Address: 6565 AMERICAS PARKWAY NE
City-St-Zip: ALBUQUERQUE, NM 87110

Title: PRES (X) Delete
Name: WADE, STEPHEN V
Address: 6565 AMERICAS PARKWAY NE
City-St-Zip: ALBUQUERQUE, NM 87110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: HARRIS, KEITH A
Address: 6565 AMERICAS PARKWAY NE SUITE 620
City-St-Zip: ALBURQUERQUE, NM 87110

Title: DS (X) Change () Addition
Name: HARRIS, SARAH J
Address: 6565 AMERICAS PARKWAY NE SUITE 620
City-St-Zip: ALBUQUERQUE, NM 87110

Title: PRES (X) Change () Addition
Name: WADE, STEPHEN V
Address: 6565 AMERICAS PARKWAY NE SUITE 620
City-St-Zip: ALBUQUERQUE, NM 87110

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 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: STEPHEN V. WADE

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date