2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P00000031324 04-02-2007 90087 017 ***150.00 1. Entity Name KEN-PAL ENTERPRISES, INC. Principal Place of Business Mailing Address 40010--844 SE-9TH-TERR C/O SZYMANSKI CAPE CORAL, FL-33990 2413 NW 27TH TERRACE CAPE CORAL, FL 33993 2. Principal Place of Business - No PO Box # 18118 KERR VILLE CIR 3. Mailing Address Suite, Apt. #, etc. 03112007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0996082 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SZYMANSKI, FRANÇES Street Address (P.O. Box Number is Not Acceptable) 2413 NW 27TH TERRACE CAPE CORAL, FL 33993 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition PALCZENSKI, KENNETH J NAME NAME STREET ADDRESS 18718 KERRVILLE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP PORT CHARLOTTE, FL 33948 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STRLET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY S1-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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.

KENNETH J. PALCZENSKI

SIGNATURE: 4