2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029431

Entity Name: KAOZ, INC.

FILED Jan 05, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5800 NORTH W STREET 5800 NORTH W STREET PENSACOLA, FL 32505

SUITE#4

PENSACOLA, FL 32505

Current Mailing Address: New Mailing Address:

5800 NORTH W STREET 5800 NORTH W STREET PENSACOLA, FL 32505 SUITE#4

PENSACOLA, FL 32505

FEI Number: 59-3633553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ODOM, BRADLEY ODOM, BRAD

635 WEST GARDEN STREET 635 WEST GARDEN STREET PENSACOLA, FL 32502 PENSACOLA, FL 32502

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: DENICE CARLISLE 01/05/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ROBINSON, CHET ROBINSON, LYNDIA Name: Name: 5800 NORTH W STREET 5800 NORTH W STREET Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: PENSACOLA, FL 32505

Title: EVP (X) Delete Title: () Change () Addition

ROBINSON, LYNDIA Name: Name: 5800 NORTH W STREET Address: Address: PENSACOLA, FL 32505 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

JOHNSON, CYNTHIA Name: Name: **5800 NORTH** Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition

WHITTEN, RACHEL Name: Name: Address: 5800 NORTH W STREET Address: City-St-Zip: PENSACOLA, FL 32505 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: LYNDIA ROBINSON **PST** 01/05/2007