


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000045693</b> 1. Entity Name KALAJ MANAGEMENT, INC.	
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**FILED**  
**Jul 14, 2008 08:00 AM**  
 Secretary of State

Principal Place of Business 2855 LONG PUTT CT PALM HARBOR, FL 34683	Mailing Address 2855 LONG PUTT CT PALM HARBOR, FL 34683
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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3646019	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  KALAJ, LUIGI 2855 LONG PUTT CT PALM HARBOR, FL 34683	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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**B.** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALAJ, LUIGI 2855 LONG PUTT CT. PALM HARBOR, FL 34683
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U00000954519  
07/14/08-80003-020-150.00

DO NOT WRITE  
IN THIS SPACE

**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:  7/10/08 727-692-4007

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #