


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000078646

1. Entity Name
KISMET, INC.



FILED
06 MAR -1 AM 10:23

Principal Place of Business
**480 N ORLANDO AVE
SUITE 122
WINTER PARK, FL 32789 US**

Mailing Address
**480 N ORLANDO AVE
SUITE 122
WINTER PARK, FL 32789 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02232006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-3273991

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CULINER, MICHAEL
480 N ORLANDO AVE
SUITE 122
WINTER PARK, FL 32789**


7. Name and Address of New Registered Agent

Name **SHELLY A. UNROE**

Street Address (P.O. Box Number is Not Acceptable)
**480 N. ORLANDO AVE
SUITE 122**

City **WINTER PARK** FL Zip Code **32789**

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 the obligations of registered agent.

SIGNATURE:  DATE: **2/23/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULINER, MICHAEL A <input checked="" type="checkbox"/> Delete 480 N ORLANDO AVE STE 122 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNROE, SHELLY A <input type="checkbox"/> Delete 536 W. KING ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800067450718 03/09/06--01017--030 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2/23/06** DAYTIME PHONE #: **4076452588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR