

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40484

Entity Name: KAI SAI ALLIANCE, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

2334 S. CYPRESS BEND DR.
#909
POMPANO BEACH, FL 33069

Current Mailing Address:

CB11
P.O. BOX 666957
POMPANO BEACH, FL 33066

New Principal Place of Business:

370 NW 76 AVE
#401
MARGATE, FL 33063

New Mailing Address:

CB11
P.O. BOX 666957
POMPANO BEACH, FL 33066

FEI Number: 65-0224457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVENS, JAMES
2334 S CYPRESS BEND DR
#909
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

CRAVENS, JAMES
370 NW 76 AVE
#401
MARGATE, FL 33063 US

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: JAMES CRAVENS

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: POMERANZ, FRANKLIN G. .
Address: 655 N. FEDERAL HWY, #8
City-St-Zip: HOLLYWOOD, FL 33022BERN

Title: DC () Delete
Name: CRAVENS, JAMES C.,
Address: 2334 S. CYPRESS BEND DR, #909
City-St-Zip: POMPANO BEACH, FL 33069

Title: DS () Delete
Name: BERNAZZOLI, JOHN M.,
Address: 2734 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: POMERANZ, FRANKLIN G. .
Address: 655 N. FEDERAL HWY, #8
City-St-Zip: HOLLYWOOD, FL 33022 US

Title: DC (X) Change () Addition
Name: CRAVENS, JAMES C.,
Address: 370 NW 76 AVE #401
City-St-Zip: MARGATE, FL 33063

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CRAVENS

DC

01/09/2008

Electronic Signature of Signing Officer or Director

Date