

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40484

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: KAI SAI ALLIANCE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

370 NW 76 AVE  
#401  
MARGATE, FL 33063

## Current Mailing Address:

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

## 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