2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40484

Address:

City-St-Zip:

2734 POLK ST.

HOLLYWOOD, FL 33020

FILED Jan 10, 2009 Secretary of State

Entity Name: KAI SAI ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 370 NW 76 AVE #401 MARGATE, FL 33063 **New Mailing Address: Current Mailing Address:** 370 NW 76 AVE CBII P.O. BOX 666957 #401 POMPANO BEACH, FL 33066 MARGATE, FL 33063 FEI Number: 65-0224457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Delete () Change () Addition POMERANZ, FRANKLIN G, . Name: Name: Address: 655 N. FEDERAL HWY, #8 Address: City-St-Zip: HOLLYWOOD, FL 33022 US City-St-Zip: Title: DC () Delete Title: () Change () Addition Name: CRAVENS, JAMES C., Name: Address: 370 NW 76 AVE #401 Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: () Change () Addition BERNAZZOLI, JOHN M., Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES C. CRAVENS DC 01/10/2009