

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002998

Entity Name: NEW KOOSHAREM CORPORATION**Current Principal Place of Business:**1040 CROWN POINTE PARKWAY
SUITE 1040
ATLANTA, GA 30338**Current Mailing Address:**3820 STATE STREET
SANTA BARBARA, CA 93105**FEI Number:** 27-2269356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

Officer/Director Detail :

Title	PRESIDENT
Name	SORENSEN, PAUL
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	D
Name	NETLAND, GREGORY
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	D
Name	DICAMILLO, GARY
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	DIRECTOR, CEO
Name	BICKES, THOMAS A.
Address	1040 CROWN POINTE PARKWAY SUITE 1040
City-State-Zip:	ATLANTA GA 30338

Title	D
Name	AGUIRRE, ALBERT
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	D
Name	GIUSTO, STEPHEN
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	SECRETARY
Name	GALLEBERG, PAUL
Address	3820 STATE STREET
City-State-Zip:	SANTA BARBARA CA 93105

Title	CFO, TREASURER
Name	POOLE, SHAWN
Address	1040 CROWN POINTE PARKWAY SUITE 1040
City-State-Zip:	ATLANTA GA 30338

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL GALLEBERG**SECRETARY****04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date