2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90061 015 ***150.00

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01262005 Chg-P CR2E034 (10/03)

DOCUMENT # 510218

1. Entity Name
KOLKANA SERVICES, INC.

Principal Place of Business	Mailing Address
2110 N. FLORIDA MANGO RD. W PALM BCH, FL 33409-6412 US	2110 N. FLORIDA MANGO RD W PALM BCH, FL 33409-6412 US

2. Principal Place of Business	3. Mailing Address
323 GLENBROOK DRIVE	323 GLENBROOK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ATLANTIS, FL	City & State: ATLANTIS, FL
Zip: 33462 Country: USA	Zip: 33462 Country: USA

4. FEI Number: 59-1691716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES L KOLKANA
2110 NORTH FLORIDA MANGO RD
WEST PALM BEACH, FL 33409-6412

7. Name and Address of New Registered Agent

Name: JAMES KOLKANA
Street Address (P.O. Box Number is Not Acceptable): 323 GLENBROOK DRIVE
City: ATLANTIS FL Zip Code: 33462

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: JAMES L. KOLKANA [signature] 1-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOLKANA, JAMES L 2110 NORTH FLORIDA MANGO RD. WEST PALM BEACH, FL 334096412	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 323 GLENBROOK DRIVE ATLANTIS, FL 33462	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #