

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606842

FILED
Feb 02, 2005
Secretary of State

Entity Name: KAYSONS ENTERPRISES, INC.

Current Principal Place of Business:

5425 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328392705

New Principal Place of Business:

5425 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 328392705 US

Current Mailing Address:

5425 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328392705

New Mailing Address:

5425 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 328392705 US

FEI Number: 59-1883480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, PRABODH C, ATTORNEY AT LAW
815 ORIENTA AVENUE, SUITE 6
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHATRI, ARVIND G.
Address: 5425 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 00000,

Title: VSD () Delete
Name: KHATRI, JITENDRA G.
Address: 5425 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KHATRI, ARVIND G
Address: 5425 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO,, FL 328392705 US

Title: VSD (X) Change () Addition
Name: KHATRI, JITENDRA G
Address: 5425 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 328392705 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARVIND G. KHATRI

PD

02/02/2005

Electronic Signature of Signing Officer or Director

Date