

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005318

Entity Name: KALA CONSULTING INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

514 MCINTOSH RD  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

514 MCINTOSH RD  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 04-3717152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEST, JOHN T  
469 MCINTOSH RD  
ORMOND BEACH, FL 32174 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: CPT ( ) Delete  
Name: KIRKLAND, MAX  
Address: 158 WARWICK AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCVP ( ) Delete  
Name: MALONE, MARYKATE  
Address: 158 WARWICK AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: MALONE, MARYKATE  
Address: 158 WARWICK AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition  
Name: KIRKLAND, MAX  
Address: 514 MCINTOSH ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCVP (X) Change ( ) Addition  
Name: MALONE, MARYKATE  
Address: 514 MCINTOSH ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Change ( ) Addition  
Name: MALONE, MARYKATE  
Address: 514 MCINTOSH ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

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: MAX KIRKLAND

CPT

04/29/2004

Electronic Signature of Signing Officer or Director

Date