2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F03000005788

1. Entity Name
KALKOMEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2906 LADYBIRD LANE DALLAS, TX 75220	2906 LADYBIRD LANE DALLAS, TX 75220

DO NOT WRITE IN THIS SPACE

03152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
75-2573168	Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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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 _____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   *OFFICERS AND DIRECTORS*

TITLE	CPS
NAME	KALKOMEY, KURT
STREET ADDRESS	2906 LADYBIRD LANE
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	VCVP
NAME	KALKOMEY, CYNTHIA T
STREET ADDRESS	2906 LADYBIRD LANE
CITY-ST-ZIP	DALLAS, TX 75220
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80050-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   3/15/07   214 35/ 046/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #