2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # F06000004642 06-21-2007 90023 004 ***150.00 KASEYA CORPORATION Principal Place of Business Mailing Address **800 BRICKELL AVENUE** P.O. BOX 1646 **SUITE 1115** GERMANTOWN, MD 20875 MIAMI, FL 33133/ ; 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7.0 BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 06062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For ING TON 20-0448962 Not Applicable Zip 3 13 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACKIE, GERALD Street Address (P.O. Box Number is Not Acceptable) **800 BRICKELL AVENUE SUITE 1115** MIAMI, FL 33133(City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CHRM ☐ Delete TITLE ☐ Change Addition NAME **BLACKIE, GERALD** NAME STREET ADDRESS **185 BERRY STREET #5050** STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94107 CITY-ST-ZIP PS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SUTHERLAND, MARK NAME STREET ADDRESS **185 BERRY STREET #5050** STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94107 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Jun 21, 2007 8:00 am

Mark J. Sutherland 12 Jun 07 415-694-57/8
DIRECTOR Descriptions **SIGNATURE**

changed, or on an attachment with