2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007530

Entity Name: CALKAIN COMPANIES, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11150 SUNRISE HILLS RD. SUITE 300 RESTON, VA 20190 **New Mailing Address: Current Mailing Address:** 11150 SUNRISE HILLS RD. SUITE 300 RESTON, VA 20190 FEI Number: 20-1690615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOBELMAN, DAVID 500 N WESTSHORE BLVD. SUITE 605 TAMPA, FL 33609 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SOBELMAN, DAVID E SOBELMAN, DAVID E Name: Name: 500 NORTH WEST SHORE BOULEVARD, SUITE 605 Address: 500 NORTH WEST SHORE BOULEVARD, SUITE 605 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Address:

City-St-Zip:

Title: () Delete Name: HIPP, JONATHAN W

11150 SUNRISE HILLS RD. #300 Address:

RESTON, VA 20190 City-St-Zip:

Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID SOBELMAN **EVP** 02/18/2009