2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G29033

1. Entity Name
KAYE LOUISE, INC.

FILED
06 MAY 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3121 W HALLANDALE BEACH BLVD STE 110 PEMBROKE PARK, FL 33009 US	3121 W HALLANDALE BEACH BLVD STE 110 PEMBROKE PARK, FL 33009 US

05232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2322826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DVOOR, DARREN D
3121 W HALLANDALE BEACH BLVD
STE 110
PEMBROKE PARK, FL 33009

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If 6 - Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 5, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DVOOR, DARREN
STREET ADDRESS	3121 W HALLANDALE BCH BLVD STE 110
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	STD
NAME	DVOOR, DARREN D
STREET ADDRESS	3121 W HALLANDALE BCH BLVD STE 110
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/23/06 954-989-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

100076251391
06/16/06--01012--014 **150.00