2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# G80661

Entity Name: KABA BENZING AMERICA INC.

Current Principal Place of Business:

3015 NORTH COMMERCE PARKWAY
3015 NORTH COMMERCE PARKWAY, FL 33025 US

New Principal Place of Business:

3015 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 US

Current Mailing Address:

3015 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 59-2355219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSSAIN, M. MICHAEL
3015 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

HUSSAIN, MICHAEL
3015 NORTH COMMERCE PARKWAY
MIRAMAR, FL 33025 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: MICHAEL HUSSAIN 02/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SOUDERS, RICHARD
Address: 3015 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete
Name: SLOVIN, STEPHAN
Address: 1325 NW 127 AVE
City-St-Zip: CORAL SPRINGS, FL

Title: CFO ( ) Delete
Name: HUSSAIN, MICHAEL
Address: 8950 NW 189TH TERRACE
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete
Name: HELLER, SANDRA
Address: 3015 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33125

Title: D ( ) Delete
Name: WYDLER, ULRICH
Address: 3015 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: STADELMANN, WERNER
Address: 3015 NORTH COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL HUSSAIN CFO 02/12/2009
Electronic Signature of Signing Officer or Director Date