

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90023 049 ***150.00

DOCUMENT # H23924
 1. Entity Name
KALYNDO, INC.



Principal Place of Business Mailing Address
 4514 CHANDLER RD. 4514 CHANDLER RD.
 APOPKA, FL 32712 APOPKA, FL 32712

2. Principal Place of Business 3. Mailing Address
601 HILL ST *601 HILL ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
EUSTIS FL *EUSTIS FL*
 Zip Country Zip Country
32726 *32726* *USA*

6. Name and Address of Current Registered Agent
SEARS, KATHY S
4514 CHANDLER RD.
APOKA, FL 32712

40092040



05092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2456634 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIMPSON, KAROLYN C. <input type="checkbox"/> Delete 4514 CHANDLER ROAD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SIMPSON, DONALD G. JR. <input checked="" type="checkbox"/> Delete 4514 CHANDLER ROAD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SIMPSON, DONALD G. III <input type="checkbox"/> Delete 4514 CHANDLER ROAD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SEARS, KATHY SIMPSON <input type="checkbox"/> Delete 4514 CHANDLER ROAD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARS, ANDREW J <input type="checkbox"/> Delete 4514 CHANDLER RD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy S Sears*