

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85948

Entity Name: K'S HOUSE OF CHARM, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

% CAROLYN POOL
1234 OCEANSHORE BLVD
ORMOND BEACH, FL 321763620

New Principal Place of Business:

Current Mailing Address:

% CAROLYN POOL
1234 OCEANSHORE BLVD
ORMOND BEACH, FL 321763620

New Mailing Address:

FEI Number: 59-1951847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOL, CAROLYN
1234 OCEANSHORE BLVD.
ORMOND BEACH FL, FL 32176 US

Name and Address of New Registered Agent:

POOL, CAROLYN
1234 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176 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: CAROLYN POOL

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POOL, CAROLYN
Address: 1234 OCEANSHORE BLVD
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROLYN POOL SCHAEFFER

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date