2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025632

Entity Name: K.A. INTERNATIONAL, LLC

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2519 ARBOR DRIVE

FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

2519 ARBOR DRIVE

FT. LAUDERDALE, FL 33312

FEI Number: 20-0395087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLLER, NEALE J ESQUIRE 550 BILTMORE WAY - SUITE 700 CORAL GABLES, FL 33134 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

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 POLLER, NEALE J
 Name:

 Address:
 550 BILTMORE WAY - SUITE 700
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: WALKER, CECIL Name: KUECHENBERG, ROBERT J
Address: PO BOX 915783 Address: 2519 ARBOR DRIVE

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM (X) Delete Title: () Change () Addition

Name:KUECHENBERG, ROBERT JName:Address:2519 ARBOR DRAddress:City-St-Zip:FORT LAUDERDALE, FL 33312City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT KUECHENBERG MGRM 04/18/2005