2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48572

Entity Name: KALLIVAYALIL & ASSOCIATES, INC.

FILED Apr 12, 2005 Secretary of State

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

9951 ATLANTIC BLVD. 13245 ATLANTIC BLVD.

#217 #4-313

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

9951 ATLANTIC BLVD. 13245 ATLANTIC BLVD.

217 #4-313

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US

FEI Number: 59-2992595 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:

KALLIVAYALIL, MICHAEL
9951 ATLANTIC BLVD STE 217
JACKSONVILLE, FL 32225 US

KALLIVAYALIL, MICHAEL
13245 ATLANTIC BLVD STE 4-313
JACKSONVILLE, FL 32225 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: 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KALLIVAYAILIL, MICHAEL
 Name:
 KALLIVAYAILIL, MICHAEL

 Address:
 13832 ADMIRALS BEND DRIVE
 Address:
 13832 ADMIRALS BEND DRIVE

City-St-Zip: JACKSONVILLE, FL 32225 US

() Delete Title: Title: (X) Change () Addition KALLIVAYALIL, THERES, A Name: KALLIVAYALIL, THERES, A Name: 13832 ADMIRALS BEND DRIVE Address: 13832 ADMIRALS BEND DRIVE Address: JACKSONVILLE, FL JACKSONVILLE, FL 32225 US City-St-Zip: City-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 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: THERESA KALLIVAYALIL T 04/12/2005