2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 06-30-2008 90021 017 ***150.00 DOCUMENT # L61847 KAILAN INTERNATIONAL CONSULTANTS, INC. 40109284 Principal Place of Business Mailing Address 15886 85TH RD N 15886 85TH RD N LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Bysiness - No P.O. Box # 15886 85th Rd North 3. Mailing Address 15886 Suite, Apt. #, etc. Suite, Apt. #, etc. 06022008 Chq-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Florida Louis Latchee 65-0180150 wahatch Not Applicable \$8.75 Additional 5. Certificate of Status Desired us A US A 33470 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Roy HOUTON MOUTON, ROY R Street Address (P.O. Box Number is Not Acceptable) 15886 85TH RD N LOXAHATCHEE, FL 33470 Zip Code 33470 LarshotCheo 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 Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PTDS ☐ Delete TITLE Change ☐ Addition TITLE MOUTON, ROY R NAME NAME STREET ADDRESS 15886 85TH RD W STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY - ST - ZIP VPD TITLE ☐ Delete TITLE □ Change Addition MOUTON, KAI E NAME NAME STREET ADDRESS 9930 PINEAPPLE TREE DR. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY - ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

Jun 30, 2008 8:00 am