

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001051

Entity Name: KALAG, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

38082 - 3347 DEL SOURCES
DOLLARD, QUEBEC
CANADA H9B 3J2, XX

Current Mailing Address:

38082 - 3347 DEL SOURCES
DOLLARD, QUEBEC
CANADA H9B 3J2, XX

FEI Number: 90-0216466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

New Principal Place of Business:

38082 - 3347 DEL SOURCES
DOLLARD, QUEBEC
CANADA H9B 3J2, CA CANADA XX

New Mailing Address:

38082 - 3347 DEL SOURCES
DOLLARD, QUEBEC
CANADA H9B 3J2, CA H9B 3J2 CA

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: WEISS, KARL
Address: 38082 - 3347 DEL SOURCES
City-St-Zip: DOLLARD, QUEBEC, CANADA, XX

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEISS, KARL
Address: 38082 - 3347 DEL SOURCES
City-St-Zip: DOLLARD, QUEBEC, CA H9B 3J2 CA

Title: MGRM () Change (X) Addition
Name: WEISS, KARL
Address: 38082 - 3347 DEL SOURCES
City-St-Zip: DOLLARD, QUEBEC, CA H9B 3J2 CA

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 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: KARL WEISS

CEO

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date