

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000331

1. Entity Name
KAIROS MANAGEMENT CONSULTANTS, INC



Principal Place of Business
**8103 SOUTH PALM DRIVE
1 - 503
PEMBROKE PINES, FL 33025 US**

Mailing Address
**8103 SOUTH PALM DRIVE
1 - 503
PEMBROKE PINES, FL 33025 US**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1836681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRANT, FITZ-ALBERT
5100 SW 41ST IE HIGHWAY
PEMBROKE PARK, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEWIS-HUTCHINSON, WAYNE
STREET ADDRESS	8430 EAST DIXIE HWY
CITY - ST - ZIP	MIAMI, FL 33138

TITLE	SD
NAME	MCKINNEY, ALBERTA
STREET ADDRESS	14815 NW 11 COURT
CITY - ST - ZIP	MIAMI, FL 33168

TITLE	TD
NAME	GRANT, ZERONIE N
STREET ADDRESS	8430 EAST DIXIE HIGHWAY
CITY - ST - ZIP	MIAMI, FL 33138

TITLE	D
NAME	GRAY, REGINA
STREET ADDRESS	901 NW 141 STREET
CITY - ST - ZIP	MIAMI, FL 33168

TITLE	D
NAME	WILLIAMS, CLAUDIA Y PHD
STREET ADDRESS	45 TUDOR CITY PLACE #217
CITY - ST - ZIP	NEW YORK, NY 10019

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000762496
05/29/07-80011-007 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 617, 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.

SIGNATURE:

Zeronie N. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (954) 347-2692
Date Daytime Phone #