

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2009
Secretary of State**

DOCUMENT# N04000008987

Entity Name: KARDEC SPIRIT RENOVATION, INC

Current Principal Place of Business:

7660 STATE ROAD 7
4
COCONUT CREEK, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

7660 STATE ROAD 7
4
COCONUT CREEK, FL 33067 US

New Mailing Address:

FEI Number: 86-1118312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUZA, MARIA J
7660 STATE ROAD 7
4
COCONUT CREEK, FL 33067 US

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUZA, MARIA J MS.
Address: 7660 STATE ROAD 7 # 4
City-St-Zip: COCONUT CREEK, FL 33067 US

Title: VP () Delete
Name: NANA, ZARA MRS.
Address: 7660 STATE ROAD 7
City-St-Zip: COCONUT CREEK, FL 33067 US

Title: SEC () Delete
Name: CLEMENTE, MARCIA MS.
Address: 7660 STATE ROAD 7
City-St-Zip: COCONUT CREEK, FL 33067 US

Title: ACCT () Delete
Name: ALVES, JANE MS.
Address: 7660 STATE ROAD 7
City-St-Zip: COCONUT CREEK, FL 33067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SOUZA

P

04/05/2009

Electronic Signature of Signing Officer or Director

Date