## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000954

8900 COLLINS AVE #404

SURFSIDE, FL 33154

Address:

City-St-Zip:

Apr 24, 2009 Secretary of State

Entity Name: KARMAPALOOZA INC. **Current Principal Place of Business: New Principal Place of Business:** 1620 S OCEAN BLVD 10-A POMPANO BEACH, FL 33062 **New Mailing Address: Current Mailing Address:** 1620 S OCEAN BLVD 10-A POMPANO BEACH, FL 33062 FEI Number: 20-2251190 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDMAN, EDEN 1620 S OCÉAN BLVD 10-A POMPANO BEACH, FL 33062 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOLDMAN, EDEN Name: Name: Address: 1620 S OCEAN BLVD, #10-A Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ABRAMS, MEREDITH Name: Address: 23015 VIA STEL Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition RHODIS, FRANCES Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: EDEN GOLDMAN DIR 04/24/2009