2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State
05-14-2007 90071 048 ****70.00

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1. Entity Name
KAIROS GLOBAL, INC.

Principal Place of Business	Mailing Address
209 PINE STREET FREEPORT, FL 32439	209 PINE STREET FREEPORT, FL 32439

04162007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-8844684 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRICKLAND, MICHAEL MIXON 209 PINE STREET FREEPORT, FL 32439	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 date (required) (NOTE: Registered Agent's signature required on changes) 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRICKLAND, MICHAEL MIXON 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DI Williamson, Andy Wayne 209 Pine St Freeport, FL 32439 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STRICKLAND, EVELYN 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, FRANCES 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVETT, CATHERINE 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, JOHN DARWIN 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMON, KAREN DIANE 209 PINE STREET FREEPORT, FL 32439	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael Mixon Strickland 4/26/07 850-835-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #