2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N06000012555

Entity Name: KUJALI INTERNATIONAL, INC.

Current Principal Place of Business:

6061 ASHFORD LANE
NAPLES, FL 90029

New Principal Place of Business:

Current Mailing Address:

1130 MYRA AVE
LOS ANGELES, CA 90029

New Mailing Address:

FEI Number: 20-8367454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KANNENSOHN, JEFFREY S ESQ
C/O PORTER WRIGHT MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108 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:	PD	( ) Delete
Name:	SCHAEF, SYDNEY	
Address:	301 N ALVARADO ST #212	
City-St-Zip:	LOS ANGELES, CA 90026	
Title:	D	( ) Delete
Name:	LANGWORTHY, LIA	
Address:	644 S CITRUS AVE	
City-St-Zip:	LOS ANGELES, CA 90036	
Title:	D	( ) Delete
Name:	LOVE, KALEEN	
Address:	1735 YORK AVE #28A	
City-St-Zip:	NEW YORK, NY 10128	
Title:	D	( ) Delete
Name:	MAHENDRAN, LAVANYA	
Address:	3409 ROWENA AVE	
City-St-Zip:	LOS ANGELES, CA 90027	
Title:	D	( ) Delete
Name:	SACHSE, MARIANNA	
Address:	750 S HARSHAW ST	
City-St-Zip:	PHILADELPHIA, PA 19146	

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:	
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: SS PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date