2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# N07000007430

Entity Name: KAIZEN CONCEPTS, INC.

Current Principal Place of Business:

5355 LACY JANE WAY
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 966
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 39-2057555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

STACKER-WARREN, EDNA M
5355 LACY JANE WAY
JACKSONVILLE, FL 32244 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: D ( ) Delete
Name: JOHNSON, NOLYN L JR
Address: 2200 RIDGEWAY RD
City-St-Zip: MEMPHIS, TN 38119

Title: AD ( ) Delete
Name: LEVERETT, KIMBERLY
Address: 5343 LACY JANE WAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: AD ( ) Delete
Name: RAYMUNDO, YUI
Address: 2646 W 235TH ST APT C
City-St-Zip: TORRANCE, CA 905054239

Title: PTS ( ) Delete
Name: STACKER-WARREN, EDNA M
Address: 5255 LACY JANE WAY
City-St-Zip: JACKSONVILLE, FL 32244

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: EDNA STACKER-WARREN PTS 05/14/2008

Electronic Signature of Signing Officer or Director — Date