2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007430

FILED May 26, 2009 Secretary of State

Entity Name: KAIZEN CONCEPTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 5355 LACY JANE WAY JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** PO BOX 966 JACKSONVILLE, FL 32201 FEI Number: 39-2057555 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: Name and Address of New Registered Agent: STACKER-WARREN, EDNA M 5355 LACY JANE WAY JACKSONVILLE, FL 32244 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: (X) Change () Addition () Delete JOHNSON, NOLYN L JR JOHNSON, NOLYN L JR Name: Name: Address: 2200 RIDGEWAY RD Address: 3085 RHINE LANE City-St-Zip: MEMPHIS, TN 38119 City-St-Zip: MEMPHIS, TN 38119 Title: ΑD () Delete Title: () Change () Addition Name: LEVERETT, KIMBERLY Name: Address: 5343 LACY JANE WAY Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: (X) Change () Addition RAYMUNDO, YUI Name: RAYMUNDO, YUI Name: 2646 W 235TH ST APT C 16226 RANGE VALLEY LANE Address: Address: City-St-Zip: TORRANCE, CA 905054239 City-St-Zip: CYPRESS, TX 77429 Title: PTS () Delete Title: () Change () Addition STACKER-WARREN, EDNA M Name: Name: 5255 LACY JANE WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 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 05/26/2009