

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006666

FILED
Apr 15, 2009
Secretary of State

Entity Name: KADEN COMMUNICATION CONSULTANTS, INC.

Current Principal Place of Business:

1003 RONLIN STREET
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1003 RONLIN STREET
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 80-0256847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, LEATRICE
1003 RONLIN STREET
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

WEST, MORRIS
1003 RONLIN STREET
HAINES CITY, FL 33844 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: MORRIS WEST

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WEST, LEATRICE
Address: 1003 RONLIN STREET
City-St-Zip: HAINES CITY, FL 33844

Title: DIR () Delete
Name: BIENAIME, SHARON
Address: 114 MAYS ROAD
City-St-Zip: WINTER HAVEN, FL 33844

Title: DIR () Delete
Name: SURLES, LISA
Address: 737 WESTWINDS DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: SEC () Delete
Name: WEST, MARKEISHA
Address: 332 TAVARES AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: TRSR () Delete
Name: WEST, MONICA
Address: 547 SIERRA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: DIR () Delete
Name: DEUSTCH, NIEVES
Address: 126 CLOVERDALE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WEST, MORRIS
Address: 1003 RONLIN STREET
City-St-Zip: HAINES CITY, FL 33844

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BOWENS, TERESA
Address: 2110 WINGER AVENUE
City-St-Zip: HAINES CITY, FL 33844

Title: SEC (X) Change () Addition
Name: WEST, MARKEISHA
Address: 1213 AVENUE G
City-St-Zip: HAINES CITY, FL 33844

Title: TRSR (X) Change () Addition
Name: WEST, LEATRICE
Address: 1003 RONLIN STREET
City-St-Zip: HAINES CITY, FL 33844

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: MORRIS WEST

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date