

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001445

FILED
Apr 30, 2012
Secretary of State

Entity Name: KYLIE'S KAUSE, INC.

Current Principal Place of Business:

1165 NORTH SLOAN TERRACE
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

1165 NORTH SLOAN TERRACE
LECANTO, FL 34461

New Mailing Address:

FEI Number: 27-5559120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, CHRISTINE
1165 NORTH SLOAN TERRACE
LECANTO, FL 34461 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
Name: RICE, CHRISTINE
Address: 1165 NORTH SLOAN TERRACE
City-St-Zip: LECANTO, FL 34461

Title: D
Name: DYE, ALLISON
Address: 2340 WEST BEAUMONT LANE
City-St-Zip: LECANTO, FL 34461

Title: D
Name: CONNOR, TARA
Address: 1136 N. SLOAN TERRACE
City-St-Zip: LECANTO, FL 34461

Title: D
Name: KING, TIFFANI
Address: 2706 W. SUNRISE STREET
City-St-Zip: LECANTO, FL 34461

Title: D
Name: SCHLABACH, RUTH
Address: 3033 N. CAVES VALLEY PATH
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE RICE

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date