

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2005
Secretary of State**

DOCUMENT# N98000002454

Entity Name: KA AND EM INC.

Current Principal Place of Business:

8028 YELLOW MOON DR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

8028 YELLOWMOON DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 22-3889572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES, KLENT
8028 YELLOW MOOD DR
TALLAHASSEE, FL 32312 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: DP () Delete
Name: JAMES, KLENT
Address: 8028 YELLOWMOON DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DVP () Delete
Name: JAMES, ELOUISE
Address: 8028 YELLOWMOON DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: MARLOW, CHER
Address: 103 FEDERAL DRIVE
City-St-Zip: SNEADS, FL 32460

Title: DT () Delete
Name: JAMES, ERIC
Address: P.O. BOX 565
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: DT () Delete
Name: MARLOW, TONY
Address: P.O. BOX 565
City-St-Zip: CHATTAHOOCHEE, FL 32324

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 for the exemption stated in Section 119.07(3)(i), 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: ELOUISE JAMES

DVP

04/19/2005

Electronic Signature of Signing Officer or Director

Date