2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P00000029431

Entity Name: KAOZ, INC.

Current Principal Place of Business:

5800 NORTH W STREET
PENSACOLA, FL 32505

New Principal Place of Business:

5800 NORTH W STREET
SUITE # 4
PENSACOLA, FL 32505

Current Mailing Address:

5800 NORTH W STREET
PENSACOLA, FL 32505

New Mailing Address:

5800 NORTH W STREET
SUITE # 4
PENSACOLA, FL 32505

FEI Number: 59-3633553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ODOM, BRADLEY
635 WEST GARDEN STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

ODOM, BRAD
635 WEST GARDEN STREET
PENSACOLA, FL 32502 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: DENICE CARLISLE 01/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: ROBINSON, CHET
Address: 5800 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: EVP (X) Delete
Name: ROBINSON, LYNDIA
Address: 5800 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Delete
Name: JOHNSON, CYNTHIA
Address: 5800 NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: VP (X) Delete
Name: WHITTEN, RACHEL
Address: 5800 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: ROBINSON, LYNDIA
Address: 5800 NORTH W STREET
City-St-Zip: PENSACOLA, FL 32505

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDIA ROBINSON PST 01/05/2007
Electronic Signature of Signing Officer or Director Date