


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90198 043 \*\*\*150.00

DOCUMENT # P00000063561 1. Entity Name KIVAR, INC.	
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Principal Place of Business 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 677 Dempsey Ave Sebastian FL 32958	Mailing Address 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 US 677 Dempsey Ave Sebastian FL 32958
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1029027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ARJUNE, VADEWATIE 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 677 Dempsey Ave Sebastian, FL 32958
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE B. Arjune BRIDGELALL ARJUNE 04.24.06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARJUNE, VADEWATIE 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 677 Dempsey Ave Sebastian FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARJUNE, BRIDGELALL 9719 PORTA LEONA LANE BOYNTON BEACH, FL 33437 677 Dempsey Ave Sebastian FL 32958
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Arjune BRIDGELALL ARJUNE 04.24.06 772-388-6502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #