FOR PROFIT CORPORATION

Apr 02, 2002 8:00 am Secretary of State UNIFORM BUSINESS REPORT (ÚBR) P01000045361 DOCUMENT# 04-02-2002 90858 001 ***150.00 1. Entity Name K4E LIMITED, INC. DO NOT WRITE IN THIS SPACE B0057250 2. Principal Place of Business 7035 4 57. 3. Mailing Address HH70 13 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For FL. PETERS BURG Not Applicable Country 115 A \$8.75 Additional 33703 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent SENNETH DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 703 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE KANNATH R. FOLD NAME NAME 4490 BURY NE. 57 PETENSBURE, FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE RASIDAM TITLE TITLE RILAN PORD UR. NAME NAME STREET ADDRESS STREET ADDRESS ST. PATARSBORG FC. 33703 CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TIT! F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 11 or on an attachment with an address, with all other like empowered

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

CITY-ST-ZIP

FILED