


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000118464 1. Entity Name KAJO MANAGEMENT, INC. |  |
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|---|---|
| Principal Place of Business 1030 GALLOP DR. LOXAHATCHEE, FL 33470 | Mailing Address 1030 GALLOP DR. LOXAHATCHEE, FL 33470 |
|---|---|

DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 22-3850244 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent UNDERBRINK, ROBERT 1030 GALLOP DR. LOXAHATCHEE, FL 33470 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD UNDERBRINK, ROBERT 1030 GALLOP DR. LOXAHATCHEE, FL 33470 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D UNDERBRINK, LAURA 1020 GALLOP DR LOXAHATCHEE, FL 33470 |
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07/10/07-80003-003 150.00

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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: *Robert J. Underbrink* 7/7/07 561-795-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #