2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025472

1. Entity Name
KAL GROUP, INC.

Principal Place of Business	Mailing Address
4646 THORNLEA ROAD ORLANDO, FL 32817	4646 THORNLEA ROAD ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

04282005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
74-3036019	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, ROSA O
4646 THORNLEA ROAD
ORLANDO, FL 32817

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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_____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MORGAN, ROSA O
STREET ADDRESS	4646 THORNLEA ROAD
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	VD
NAME	LAWRENCE, KEITH
STREET ADDRESS	PO BOX 2491
CITY-ST-ZIP	GOLDENROD, FL 327332491

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80129-011 150.00

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12. 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 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: *Rosa O. Morgan*   Rosa O. Morgan   4-27-05   407-671-5166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #