## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2007 90122 012 \*\*\*150.00 **DOCUMENT # P02000045693** KALAJ MANAGEMENT, INC. Principal Place of Business Mailing Address 2855 LONG PUTT CT 2855 LONG PUTT CT PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 No Chg-P CR2E034 (11/05) 07052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3646019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KALAJ, LUIGI DO NOT WRITE 2855 LONG PUTT CT PALM HARBOR, FL 34683 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 Signature, typed or printed name of https://ered agent and title it applicable. (NOTE: Recistered Actent signature required when reinstance) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME KACAJ, LUIGI 2855 LONG PUTT CT. STREET ADDRESS PALM HARBOR, FL 34683 CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-29P NAME STREET ADDRESS 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 chapter 607 in a statistic property with an address, with an address, with an address, with a pother fike empowered. Luigi KAlA SIGNATURE: ME OF SIGNING OFFICER OF DIRECTOR

**FILED** 

Aug 17, 2007 8:00 am Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHNIZHT DOCUMENT # P02000045693 1. Entity Name KALAJ MANAGEMENT, INC. Principal Place of Business Mailing Address 2855 LONG PUTT CT 2855 LONG PUTT CT PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 66021061 No Chg-P 07052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3646019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KALAJ, LUIGI DO NOT WRITE 2855 LONG PUTT CT PALM HARBOR, FL 34683 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. Signature, typed or printed name of registered agent and tola if applicable (NOTE: Registered Agent signature required when reinstating) Dyle 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ME KA**L**AJ, LUIGI NAME STREET ADDRESS 2855 LONG PUTT CT. CITY-ST-ZIP PALM HARBOR, FL 34683 TOTALE NAME STREET ADDRESS CITY-ST-ZIP TITLE :ZalaF STREET ADCRESS DO NOT WRITE CITY-ST-2P TITLE IN THIS SPACE HANE STREET ADORESS CITY-ST-ZIP TITLE NEMF STREET ADDRESS CITY-ST-ZIP nae STREET ADDRESS CITY-SI-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplied fintal 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 of trustee employed 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 of the address formal open like employed. **SIGNATURE** 

ATTACHMENT SERVICES

· Audit of Reviews of Financial Statements

- · Preparation of Compiled Financial Statements
- · Bookkeeping and Write up Services
- · Tax Returns, Business and Personal
- · Estate and Financial Planning
- · Personal Financial Statements
- Management Advisory Services



CERTIFIED

PUBLIC

ACCOUNTANT



KALAI MANAFEMENT INC

Dear Client:

Timothy M. Griffiths, C.P.A.

Your State of Florida Corporation Annual Report for 2007 is enclosed, with a duplicate copy for your files. If you find the report to be complete and otherwise in order, the original should be executed by an officer of the corporation as indicated in the spaces provided at the bottom of the report.

The executed report, together with a check for \$ /50° drawn in favor of Secretary of State, should be mailed to insure that the report is received and filed by the State before 5-/-2007 propple.

The report should be mailed to:

Division of Corporations Annual Reports Section Post Office Box 6/98 Tallahassee, Florida 32314

Sincerely,

Griffiths