2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080604

Entity Name: KINACI GROUP, INC.

FILED Mar 28, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|--|---------------------------------|-------------------------------|---|--|
| 1 SW 129TH AVENUE 406 PEMBROKE PINES, FL | 33027 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1 SW 129TH AVENUE 406 PEMBROKE PINES, FL | 33027 | | | |
| FEI Number: 02-0648624 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| KINACI, HAKAN 1 SW 129TH AVENUE 406 PEMBROKE PINES, FL | 33027 US | | | |
| 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: | | | | |
| Electron | ic Signature of Registered Ager | t | Date | |
| | | | | |
| OFFICERS AND DIRECTORS: | | | | |

Title: DR.

 Name:
 KINACI, HAKAN DMD

 Address:
 12505 NW 67 DR

 City-St-Zip:
 PARKLAND, FL 33076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAKAN KINACI DR. 03/28/2011