## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P02000093842**

1. Entity Name
KYLASAM CORPORATION



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

602 E ALEXANDER STREET PLANT CITY, FL 33563 Mailing Address

4420 FM 1960 WEST

HOUSTON, TX 77068



04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 61-1423703

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN K 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801

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<ol> <li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li> </ol>	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees 000000741614 05/15/07-80036-004 150.00

After May 1, 2007 Fee will be \$550.00				
	10.	OFFICERS AND DIRECTORS		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR YALAMANCHILI, CHOWDARY 4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR AKKENENI, MANI 506 MIDWEST CLUB OAK BROOK, IL 60523		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KAKARALA, BOB 17707 HIDDEN TRAIL COURT SPRING, TX 77379		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BALLARD, JOHN F JR 8526 BAY SPRINGS DRIVE ORLANDO, FL 32819		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	TITLE NAME STREET ADDRESS City-S1-Zip	-		

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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: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

2814441585

Daytime F