

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 022 ***150.00

DOCUMENT # P03000001217					
1. Entity Name KOMETA INC					
Principal Place of Business 139 BATH CLUB CIR N REDINGTON BEACH, FL 33708 US			Mailing Address 139 BATH CLUB CIR N REDINGTON BEACH, FL 33708 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 71-0923086	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAKARKA, TOMAS 139 BATH CLUB CIR N REDINGTON BEACH, FL 33708			7. Name and Address of New Registered Agent Name <u><i>Nilma Gudaite</i></u> Street Address (P.O. Box Number is Not Acceptable) <u><i>139 BATH CLUB CIR</i></u> City <u><i>N. REDINGTON BEACH</i></u> FL Zip Code <u><i>33708</i></u>		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAKARKA, TOMAS 139 BATH CLUB CIR N REDINGTON BEACH, FL 33708 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Gudaite NILMA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>139 BATH CLUB CIR N. REDINGTON BEACH, FL 33708</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUDAITE, VILMA 139 BATH CLUB CIR N REDINGTON BEACH, FL 33708 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u>			04.24.08 727-656 5764		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		