

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055476

Entity Name: KALANDA INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

120 WEST CENTRAL AVENUE
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

2417 EDWIN ST NE
WINTER HAVEN, FL 33881 US

Current Mailing Address:

PO BOX 2915
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 57-1173797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARVERS, KALANDA M
2417 EDWIN ST NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCARVERS, KALANDA M
Address: 111 AVE R, NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCARVERS, KALANDA M
Address: 2417 EDWIN ST
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VP () Change (X) Addition
Name: SCARVERS, WILLIAM
Address: 2417 EDWIN ST
City-St-Zip: WINTER HAVEN, FL 33881 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KALANDA SCARVERS

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date