
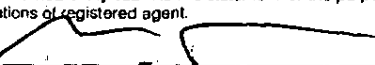



2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/

FILED
Jun 18, 2004 8:00 am
Secretary of State

04-28-2004 90259 006 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P03000057217 | |  | |
| 1. Entity Name KALI RENTAL, INC. | | | |
| Principal Place of Business 1910 MANATEE AVE W BRADENTON, FL 34205 | | Mailing Address 1910 MANATEE AVE W BRADENTON, FL 34205 | |
| 2. Principal Place of Business 433 8th Ave. W Suite, Apt. #, etc. | | 3. Mailing Address 433 8th Ave. W Suite, Apt. #, etc. | |
| City & State Palmetto, FL | | City & State Palmetto, FL | |
| Zip 34221 | | Zip 34221 | |
| Country | | Country | |
| 4. FEI Number 68-0556029 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent SCHULTZ, ROBERT H 6150 S.R. 70 E BLDG 6170-311 BRADENTON, FL 34203 | | 7. Name and Address of New Registered Agent Name: Melton H. Little Street Address (P.O. Box Number is Not Acceptable): 433 8th Ave W City: Palmetto FL Zip Code: 34221 | |
| 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:  | | DATE: 4/26/04 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | PD KALLINS, SCOTT B 1910 MANATEE AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD LITTLE, MELTON H 1910 MANATEE AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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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 exemption stated in Section 119.07(3)(i), 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:  | | DATE: 4/26/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

66428519



D4262004 Chg-P CR2E034 (10/03)