2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078172

SAVAGE, MORGAN W

435 RAFAEL BLVD NE

ST PETERSBURG, FL 33704

Name:

Address:

City-St-Zip:

FILED Jan 24, 2005 Secretary of State

Entity Nan	ne: KIJOMO) MANAGEMENT, INC	<u>)</u> .						
Current Principal Place of Business:				New Principal Place of Business:					
	CH DRIVE S SBURG, FL								
Current Mailing Address:				New Mailing Address:					
	CH DRIVE S SBURG, FL								
FEI Number: 20-0746396 FEI Number Applied For ()			For () FEI Nu	FEI Number Not Applicable ()			Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
	NEIL W CH DRIVE S SBURG, FL								
The above in the State		y submits this stateme	nt for the purpose o	of changing it	ts registered	d office or reg	gistered agei	nt, or both,	
SIGNATUR	RE:								
	Electr	onic Signature of Regi	stered Agent			D	ate		
Election Can	npaign Financ	ing Trust Fund Contributi	on ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	SAVAGE, NE ONE BEACH	() Delete IL W DRIVE SE APT 2705 BURG, FL 33701		Title: Name: Address: City-St-Zip:		() Change ()	Addition		
Title: Name: Address: City-St-Zip:	MOENCH, CH 1101 SNELL	() Delete HRISTOPHER L ISLE BLVD NE 705 BURG, FL 33704		Title: Name: Address: City-St-Zip:	1101 SNELL	(X) Change() HRISTOPHERS ISLE BLVD NE BURG, FL 337	S E 705		
Title: Name: Address: City-St-Zip:	SAVAGE, JO 435 RAFAEL			Title: Name: Address: City-St-Zip:		() Change ()	Addition		
Title:	D	() Delete		Title:	D	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SAVAGE, MORGAN W

235 MATEO WAY NE

ST PETERSBURG, FL 33704

SIGNATURE: MORGAN W SAVAGE D 01/24/2005