# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2007**
**Secretary of State**

DOCUMENT# P03000078172

**Entity Name:** KIJOMO MANAGEMENT, INC.

**Current Principal Place of Business:**

ONE BEACH DRIVE SE APT 2705
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701

**Current Mailing Address:**

ONE BEACH DRIVE SE APT 2705
ST PETERSBURG, FL 33701

**New Mailing Address:**

300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701

**FEI Number: 20-0746396** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVAGE, NEIL W
ONE BEACH DRIVE SE APT 2705
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

SAVAGE, NEIL W
300 BEACH DRIVE NE APT 2702
ST PETERSBURG, FL 33701 US

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: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SAVAGE, NEIL W
Address: ONE BEACH DRIVE SE APT 2705
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete
Name: MOENCH, CHRISTOPHER S
Address: 1101 SNELL ISLE BLVD NE 705
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: SAVAGE, JOHN W
Address: 435 RAFAEL BLVD NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: D ( ) Delete
Name: SAVAGE, MORGAN W
Address: 235 MATEO WAY NE
City-St-Zip: ST PETERSBURG, FL 33704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: SAVAGE, NEIL W
Address: 300 BEACH DRIVE NE APT 2702
City-St-Zip: ST PETERSBURG, FL 33701

Title: D (X) Change ( ) Addition
Name: MOENCH, CHRISTOPHER S
Address: 1091 EDEN ISLE DR NE
City-St-Zip: ST PETERSBURG, FL 33704

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MORGAN W SAVAGE D 04/29/2007
Electronic Signature of Signing Officer or Director — Date