2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P04000003338** 1. Entity Name THE KYGAR CORPORATION Mailing Address Principal Place of Business 1009 HWY 49 W 103 N MERIDIAN ST LOWER LEVEL TALLAHASSEE, FL 32301 HADDOCK, GA 31033 No Chg-P CR2E034 (11/05) 04272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2430574 Not Applicable \$8.75 Additional-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME REESE, ZELERIA 1009 HWY 49 W STREET ADDRESS U00000741153 HADDOCK, GA 31033 CITY-ST-ZIP 05/15/07-80016-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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