


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000161212</b> 1. Entity Name <b>KANNIKA ATLANTIC, INC.</b>	
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Principal Place of Business <b>4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487</b>	Mailing Address <b>4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487</b>
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01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3800829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SUSSKIND, HORST MR 4216 TRANQUILITY DR. HIGHLAND BEACH, FL 33487</b>
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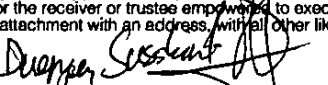
**DO NOT WRITE  
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <b>Horst Suskind 1/9/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000584905 01/12/07-80053-025 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSSKIND, DUENPEN 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, KANNIKA 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, SIREE 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, PHAIROH 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUDNAEN, ARTITH 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUDNAEN, CHEEP 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.  SIGNATURE:  <b>1/9/07 (561) 276-8289</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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