

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161212

Entity Name: KANNIKA ATLANTIC, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487

New Mailing Address:

FEI Number: 04-3800829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSSKIND, HORST MR
4216 TRANQUILITY DR.
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUSSKIND, DUENPEN
Address: 4216 TRANQUILITY DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VP () Delete
Name: SUDNAEN, KANNIKA
Address: 4921 EGRET PL.
City-St-Zip: COCONUT GREEK, FL 33073

Title: VP () Delete
Name: SUDNAEN, SIREE
Address: 4921 EGRET PL.
City-St-Zip: COCONUT GREEK, FL 33073

Title: VP () Delete
Name: SUDNAEN, PHAIROH
Address: 4216 TRANQUILITY DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S () Delete
Name: SUDNAEN, ARTITH
Address: 4921 EGRET PL.
City-St-Zip: COCONUT GREEK, FL 33073

Title: T () Delete
Name: SUDNAEN, CHEEP
Address: 4216 TRANQUILITY DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DUENPEN S SUSSKIND

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date