2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040336

City-St-Zip:

ORLANDO, FL 32836

Entity Name: KA AND KM DEVELOPMENT, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10641 HOLLY CREST DRIVE 8865 COMMODITY CIRCLE ORLANDO, FL 32836 14B ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 8865 COMMODITY CIRCLE 10641 HOLLY CREST DRIVE ORLANDO, FL 32836 14R ORLANDO, FL 32819 US FEI Number: 20-2504731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: INTERNATIONAL PROFESSIONAL SERVICES CORP ARTI KALIDAS 2813 S HIAWASSEE ROAD 8865 COMMODITY CIRCLE SUITE 104 14B ORLANDO, FL 32835 US ORLANDO, FL 32819 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: ARTI KALIDAS 04/18/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KALIDAS, VINOD Name: Name: 10641 HOLLY CREST DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: () Delete Title: Title: () Change () Addition Name: KALIDAS, NIRMAKSEE Name: 10641 HOLLY CREST DRIVE Address: Address: ORLANDO, FL 32836 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: SD () Delete SD KALIDAS, ARTI V Name: KALIDAS, ARTI V Name: 10641HOLLY CREST DRIVE 204 E. SOUTH STREET, #5062 Address: Address:

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.

City-St-Zip:

ORLANDO, FL 32801

SIGNATURE: ARTI KALIDAS SD 04/18/2008