# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000043912

**Entity Name:** KYLABECK CORP

| | |
|---|---|
| **Current Principal Place of Business:** | **New Principal Place of Business:** |

1387 WATERWAY COVE DRIVE
WELLINGTON, FL 33414

| | |
|---|---|
| **Current Mailing Address:** | **New Mailing Address:** |

1387 WATERWAY COVE DRIVE
WELLINGTON, FL 33414

FEI Number: 20-2559490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

| | |
|---|---|
| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |

ROSINSKY, SAMANTHA
1387 WATERWAY COVE DRIVE
WELLINGTON, FL 33414     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:   SAMANTHA ROSINSKY
_____
                    Electronic Signature of Registered Agent                                        Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:     P      ( ) Delete | Title:          ( ) Change ( ) Addition |
| Name:   ROSINSKY, SAMAMTHA | Name: |
| Address:   1387 WATERWAY COVE DRIVE | Address: |
| City-St-Zip:   WELLINGTON, FL 33414 | City-St-Zip: |
| | |
| Title:     V      ( ) Delete | Title:          ( ) Change ( ) Addition |
| Name:   ROSINSKY, JASON | Name: |
| Address:   1387 WATERWAY COVE DRIVE | Address: |
| City-St-Zip:   WELLINGTON, FL 33414 | City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the 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:   SAMANTHA ROSINSKY                                        P                              01/22/2007
_____
        Electronic Signature of Signing Officer or Director                                        Date