

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073333

Entity Name: KEWLI, INC.

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

4449 GRAND BLVD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4449 GRAND BLVD.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-2980535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIWCHARRAN, SHRIMATTIE
4449 GRAND BLVD.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

DASRAT, ANITA
4449 GRAND BLVD.
NEW PORT RICHEY, FL 34652 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: SHRIMATTIE SHIWCHARRAN

01/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DASRAT, ANITA S
Address: 23110 STATE ROAD 54, #236
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: SHIWCHARRAN, SHRIMATTIE
Address: 23110 STATE ROAD 54, #236
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANITA DASRAT

PST

01/13/2008

Electronic Signature of Signing Officer or Director

Date