## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000118926

839 CLIFTON AVE

NEWARK, NJ 07104 US

Address:

City-St-Zip:

Entity Name: KANGURO MULTISERVICES INC

FILED Jul 24, 2006 Secretary of State

Littly Nan	ile. KANGO	RO WIOL HOLKY	ICES INC					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
4002 WES	T WATERS.	AVE						
SUITE 10 TAMPA, FL								
Current Mailing Address:				New Maili	New Mailing Address:			
4002 WES SUITE 10 TAMPA, FL	T WATERS	AVE JS						
FEI Number:		FEI Number Ap	oplied For ( )	El Number Not Appl	icable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
4002 WES SUITE 10 TAMPA, FL		AVE	tement for the purp	oose of changing i	ts registe	ered office or registered agent, or l	both,	
SIGNATUR	RE:							
	Electro	onic Signature of	Registered Agent			Date		
		93(2)(b), F.S., the c ng Trust Fund Cont	orporation did not retribution ( ).	ceive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HERNANDEZ	VATERS AVE SUITE	:10	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	HERNANDEZ 239 REICHEI	,		Title: Name: Address: City-St-Zip:	239 REI	(X) Change ( ) Addition DEZ, JANNY CHELT AVE APT A LFORD, NJ 07646 US		
Title: Name:	P ( ABREU, NIEV	) Delete ES		Title: Name:	VP ABREU.	(X) Change()Addition NIEVES		

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.

Address:

City-St-Zip:

4002 W WATERS AVE

TAMPA, FL 33614

SIGNATURE: MANUEL E. HERNANDEZ P 07/24/2006