2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2007 8:00 am Secretary of State

DOCUMENT # P06000057911 1. Entity Name KAY BALL, INC.							07 90046 019 ***)	150.00
Principal Place	e of Rusiness	Mailing Address			יטבי 🗀	JULEIU		
5104 W. POE AVE TAMPA, FL 33629		5104 W. POE AVE TAMPA, FL 33629				II 48151 81114 18518 18481 11881 118		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07232007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number	20469	No	plied For Applicable	
Zip	Country	Zip	Count	ry 		of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered Agent	
BALL, KAY								
5104 W. POE AVE TAMPA, FL 33629				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
8. 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. I am familiar with, and accept								
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior i	
. 10 OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	2 2000		TITLE				Change	Addition
NAME			NAME	į.				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE			TITLE				☐ Change	Addition
NAME	— 1		NAME					
STREET ADDRESS	STF			et address				
CITY-ST-ZIP	CIT		CITY	-ST-ZIP				
TITLE			TITLE	1			Change	☐ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS				
CITY ST ZIP				ST ZIP				
TITLE	☐ Delete 1iT		THTLE				☐ Change	☐ Addition
NAME	NA NA		NAMI	£				
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP				ST ZIP				[T] Addition
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NAME			MAN	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions.								nformation
12. Thereby	certity that the information supplied w	was alis liling does not quality to	or mie ext	emprioris contat	med in Odahrai 11	o, i londe Statutes. I		

and cated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07

813-393-972

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