2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P06000109423 01-19-2007 90037 048 ***150.00 KAYÁK JEFF INCORPORATED Principal Place of Business Mailing Address 00000000 354 E. DANIA BEACH BLVD. 354 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-5429561 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BINGHAM, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 354 E. DANIA BEACH BLVD DANIA BEACH, FL FL330-04 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITI F [7] Change ☐ Addition TITLE ☐ Delete BINGHAM, JEFFREY NAME NAME 354 E. DANIA BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BINGHAM, JONI NAME NAME STREET ADDRESS 354 E. DANIA BEACH BLVD. STREET ADDRESS DANIA BEACH, FL 33004 CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE TANNER, FLORENCE NAME NAME 354 E. DANIA BEACH BLVD. STREET ADDRESS STREET ADDRESS DANIA BEACH, FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated 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.

Jan 19, 2007 8:00 am