2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2008 8:00 am Secretary of State

Principal Place of Business 1241 GILF OF MEXICO DRIVE SUITE 703 LONG BOAT KEY, FL 34228 Amailing Address 9909 S. SIARE DR. #160 PLYMOUTH, MN 55441 Principal Place of Business Suite, Apt ** etc. Suite,	DOCUMENT # P06000149923 1. Entity Name KALIKA, INC.					02-26-2008 90003 050 ***150.00		
1241 GLF OF MEXICO DRIVE SUITE 703 LOVIS SUITE, 74, 10tc. 3 Y 228 2. Princips Place of Business. No P.O. Box # Green South Shore & Suite, Apr. 4, otc. Suite, 74, 10tc. Suite, 74, 10tc. Suite, 74, 10tc. Suite, 75, 10tc. Suite,	Principal Place	e of Business	Mailing Address	L		գրրյան	, v	
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LAVIN, JEROME V 1241 GILF OF MEXICO DRIVE SUITE 703 LONG BOAT KEY, FL 34228 City Long toat Key FL Zip 3728 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 and little of applicable. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Delete TITLE NAME LAVIN, JEROME V SIRET ADDRESS GIY-ST-ZIP LONG BOAT KEY, FL 34228 INAME MORRIS, SHERMAN SIRET ADDRESS GIY-ST-ZIP MINNEAPOLIS, MN 55402 Delete TITLE AS MAY							w Registered Agent	- - .
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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 centred name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) Part	20140 807	AT NET, TE 34220		City	naboat	Key	FL Zip 200	228
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12. I hereby certify that the information supplied with this filing 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 any address, with all other like empowered.

SIGNATURE.

NO WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

763-557-8888