

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152045

Entity Name: KOTI, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

12921 DALE MABRY HIGHWAY NORTH
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

701 SOUTH HOWARD AVENUE
SUITE 106-349
TAMPA, FL 33606

New Mailing Address:

FEI Number: 74-3198959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOKESH, PAUL
7720 CEDARHURST LANE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

GINOCCHETTI, CHRISTOPHER
7720 CEDARHURST LANE
TAMPA, FL 33625 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: CHRISTOPHER GINOCCHETTI

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: KOKESH, PAUL
Address: 7720 CEDARHURST LANE
City-St-Zip: TAMPA, FL 33625

Title: VPS () Delete
Name: GINOCCHETTI, CHRISTOPHER
Address: 7720 CEDARHURST LANE
City-St-Zip: TAMPA, FL 33625

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: CHRISTOPHER GINOCCHETTI

VPS

02/05/2009

Electronic Signature of Signing Officer or Director

Date