2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119613

Entity Name: KIMONI . INC.

City-St-Zip:

GAINESVILLE, FL 32608

FILED Sep 03, 2008 Secretary of State

Littly Na	ille. KliviOlvi ,	INC.			
Current P	Principal Place	e of Business:	New Principal Place	New Principal Place of Business:	
7721 SW 49TH PL GAINESVILLE, FL 32608				14919 NW 142ND TERRACE ALACHUA, FL 32615	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
7721 SW 49TH PL GAINESVILLE, FL 32608				14919 NW 142ND TERRACE ALACHUA, FL 32615	
FEI Number	: 32-0220306	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
7721 SW 4 GAINESVI	ILLE, FL 3260	8 US	ourness of shanning its registers	d office or registered agent or both	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO (WILLIAMS, CO 7721 SW 49TH GAINESVILLE,	l PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO (WILLIAMS, JAI 7721 SW 49TH GAINESVILLE,	l PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (WILLIAMS, CO 7721 SW 49TH		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: COLIVITO L WILLIAMS JR CEO 09/03/2008