2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029627

Entity Name: KARELIZ INTERNATIONAL, CORP.

FILED Mar 19, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

13300 ATLANTIC BLVD. 8450 GATE PKWY W

STE. 808 STE. 705

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

13300 ATLANTIC BLVD. 8450 GATE PKWY W

STE. 808 STE. 705

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32216 US

FEI Number: 26-2244526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL, INC.

5125 ADANSON ST.

12152 BIG BAND CT

SUITE 500 JACKSONVILLE, FL 32224 US ORLANDO, FL 32804 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: KAREM E MIESES 03/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

Name: MIESES, KAREM Name: MIESES, KAREM
Address: 13300 ATLANTIC BLVD. STE. 808 Address: 12152 BIG BAND CT

City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete Title: D (X) Change () Addition Name: MIESES, KAREM Name: MIESES, KAREM

Address: 13300 ATLANTIC BLVD. STE. 808 Address: 12152 BIG BAND CT

City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: JACKSONVILLE, FL 32224 US

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: KAREM E MIESES PVST 03/19/2009