

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052203

Entity Name: KAY 2008 INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3257 N.E. JACKSONVILLE RD.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

3257 N.E. JACKSONVILLE RD.
OCALA, FL 34479

New Mailing Address:

FEI Number: 26-2364386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, KAILASH
4230 N.W. 19 CT. #1
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARMA, KAILASH
Address: 4230 N.W. 19 CT. #1
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: MENDANI, AMEER
Address: 830 NE 28 ST APT 106
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHARMA, KAILASH
Address: 4230 N.W. 19 CT. #1
City-St-Zip: OCALA, FL 34475

Title: VP,S (X) Change () Addition
Name: MENDANI, AMEER
Address: 830 NE 28 ST APT 106
City-St-Zip: OCALA, FL 34471

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: KAILESH SHARMA

PT

04/29/2009

Electronic Signature of Signing Officer or Director

Date