2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # P9400037002 1. Entity Name 05-04-2006 90241 050 ***158.50 KALOU, INC. Principal Place of Business Mailing Address 1803 S AUSTRALIAN AVE 1803 S AUSTRALIAN AVE SUITE A W PALM BEACH FL 33409 SUITE A W PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 215 S.W. 125 Ave. 215 S.W. 125 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0510280 lantation lantation Not Applicable \$8.75 Additional 33325-2710 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Abdallah HODGES, LARRY W Address (P.O. Box Number is Not Acceptable) 1803 S AUSTRALIAN AVE SUITE A W PALM BEACH FL 33409 Zip Code 33325-2710 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** FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE TITLE Change ☐ Addition ☐ Delete Kahook, NOFAL 215 S.W. 125 & AVE. Plantation, Fl. 33325-2710 NAME KAHOOK, NOFAL NAME 9941 SW 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE VP . ☐ Delete TITLE □ Addition DAHSheh, WAEL 215 3.W. 1250 Ave. NAME DAHSHEH, WAEL NAME 1681 NW 100TH WAY STREET ADDRESS STREET ADDRESS lantation pl. 33325,2710 CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE TS NAME HODGES, LARRY STREET ADDRESS STREET ADDRESS 1803 AUSTRALION AVE SO, SUITE A CIFY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IE CITY - ST - 7IP ☐ Detete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 en affaichment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED