2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P95000005980 Mar 22, 2007 08:00 AM Secretary of State 1. Enlity Name KS INC. OF USA Principal Place of Business Mailing Address 630 S DIXIE HWY LAKE WORTH FL 33460 630 S DIXIE HWY LAKE WORTH FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0547724 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAHMAN, REZAUR 630 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition U00000675312 RAHMAN, REZAUR NAME 03/30/07-80014-011 150.00 874 N DIXIE HWY STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition CHOWDHURY, MAKUSDUL H NAME NAME 874 N DIXIE HWY STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP CHY-ST-ZIP Delete TITLE □ Change ☐ Addition CHOWDHURY, BADRUL A NAME NAME. STREET ADDRESS. 630 S DIXIE HWY STREET ADDRESS CITY ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE Defete THLE Change ☐ AddItion AKHAND, FARID A NAME NAME 615 LANTANA RD STREET ADDRESS STREET ADDRESS LANTANA FL 33462 CITY - S1 - 7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 an attachment with an address, with all other like empowered

REZAUR RAHMAN

SIGNATURE: