2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P95000038949

Entity Name: KANEC (USA), INC.

Current Principal Place of Business:

5061 SOUTH STATE ROAD 7, U 616
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

PO BOX 260307
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-0584379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOGBO, CHUCH P.A.
2331 NO. STATE ROAD 7
STE. 124
LAUDERHILL, FL 33313 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: IKEJIANI, EBERE J
Address: 2321 DUNHILL AVE
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete
Name: IKEJIANI, AZUBUEZE
Address: 2321 DUNHILL AVE
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: IKEJIANI, AFAM MD
Address: 1916 PATTERSON ROAD
City-St-Zip: NASHVILLE, TN

Title: D ( ) Delete
Name: IKEJIANI, OLISA MD
Address: 17118 HANOVER AVE
City-St-Zip: ALLEN PRIL, MI

Title: D ( ) Delete
Name: IKEJIANI, BONNY MD
Address: 2003 FULTON RD
City-St-Zip: CANTON, OH

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: IKEJIANI, KAYCEE
Address: 2321 DUNHILL AVENUE
City-St-Zip: MIRAMAR, FL 33025 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: AZUBUEZE IKEJIANI VP 04/02/2009

Electronic Signature of Signing Officer or Director — Date