

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000058555

Entity Name: KILKEA, INC.

FILED
Jun 25, 2007
Secretary of State

Current Principal Place of Business:

1543 7TH STREET
200
SANTA MONICA, CA 90401 US

New Principal Place of Business:

Current Mailing Address:

1543 7TH STREET
200
SANTA MONICA, CA 90401

New Mailing Address:

FEI Number: 95-4611329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE
A
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAMM, DANIEL
Address: 501 BRICKELL KEY DR #300
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: KROH, ERI S
Address: 1543 7TH STREET, SUITE 200
City-St-Zip: SANTA MONICA, CA 90401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KROH, ERI S
Address: 1543 7TH STREET, SUITE 200
City-St-Zip: SANTA MONICA, CA 90401 US

Title: P (X) Change () Addition
Name: KROH, ERI S
Address: 1543 7TH STREET, SUITE 200
City-St-Zip: SANTA MONICA, CA 90401 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: ERI S. KROH

P

06/25/2007

Electronic Signature of Signing Officer or Director

Date