2007 FOR PROFIT CORPORATION

Apr 30, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P97000048976 1. Entity Name KANÍCO, INC. Principal Place of Business Maiting Address 10 PAPAYA ST 10 PAPAYA ST CLEARWATER, FL 33767 CLEARWATER, FL 33767 04202007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3454019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORVATH, KLARA DO NOT WRITE 10 PAPAYA ST. #502 CLEARWATER, FL 33767 IN THIS SPACE 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; typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. - OFFICERS AND DIRECTORS TITLE NAME HORVATH, KLARA STREET ADDRESS 10 PAPAYA ST. #502 CITY-ST-ZIP CLEARWATER, FL 33767 U00000749386 TITLE 05/18/07-80020-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 inis 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED