

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082839

Entity Name: KAVON ENTERPRISES, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

1 CHASE HOLLOW LANE
GLASTONBURY, CT 06033 US

New Principal Place of Business:

106-108 COMMERCIAL BLVD.
L.B.T.S., FL 33308 US

Current Mailing Address:

1 CHASE HOLLOW LANE
GLASTONBURY, CT 06033 US

New Mailing Address:

FEI Number: 06-1502322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE D NOVAK
4060 N.E. 16TH AVE.
OAKLAND PARK, FL 33334 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: NOVAK, BRIAN L
Address: 4321 BOUGAINVILLE DRIVE
City-St-Zip: LBTS, FL 33308

Title: S () Delete
Name: NOVAK-LECKOWICZ, JENNIFER
Address: 1 CHASE HOLLOW LANE
City-St-Zip: GLASTONBURY, CT 06033

Title: T () Delete
Name: NOVAK, BRUCE D
Address: 4060 N.E. 16TH AVE.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: NOVAK, PAUL D
Address: 4900 N OCEAN DR
City-St-Zip: LBTS, FL 33308

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER NOVAK-LECKOWICZ

S

01/10/2007

Electronic Signature of Signing Officer or Director

Date