
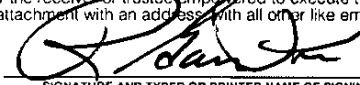


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 039 ***150.00

DOCUMENT # P97000090789 1. Entity Name KALO MANAGEMENT, INC.					
Principal Place of Business 2435 US HWY N 27 DAVENPORT, FL			Mailing Address P.O. BOX 2464 WINTER HAVEN, FL 33883		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 9087 Suite, Apt. #, etc.		
City & State Winter Haven, FL			4. FEI Number 59-3473098		
Zip 33883			Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04192005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent KALOGRIDIS, MITCHELL 456 SAN HOSE WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name R. Gary Price Street Address (P.O. Box Number is Not Acceptable) 525 Pope Ave NW City Winter Haven FL Zip Code 33881	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALOGRIDIS, MITCHELL P.O. BOX 2464 WINTER HAVEN, FL 33883	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Kalogridis, Mitchell Davis 4501 Grand Cypress Drive Austin, TX 78747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S (Asst) R Gary PRICE 525 Pope Avenue Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.					
SIGNATURE:  R Gary Price 4/28/05 863.299.5638 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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