

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90040 046 \*\*\*150.00

<b>DOCUMENT # P97000105485</b> 1. Entity Name <b>K. HANNAH CORP.</b>													
Principal Place of Business <b>2104 SANTA BARBARA BLVD CAPE CORAL, FL 33991</b>			Mailing Address <b>2104 SANTA BARBARA BLVD CAPE CORAL, FL 33991</b>										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01082008    Chg-P    CR2E034 (12/06)									
City & State		City & State											
Zip	Country	Zip	Country										
4. FEI Number <b>65-0993807</b>		Applied For <input type="checkbox"/> Not Applicable											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>HANNAH, KERRY KARRY 2104 SANTA BARBARA BLVD. CAPE CORAL, FL 33991</b>									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code													
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">D    <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANNAH, KARRY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5211 POCATELLA COURT 2104 SANTABARBARA BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33994 CAPE CORAL FL 33991</td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	NAME	HANNAH, KARRY	STREET ADDRESS	5211 POCATELLA COURT 2104 SANTABARBARA BLVD	CITY-ST-ZIP	CAPE CORAL, FL 33994 CAPE CORAL FL 33991
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">NAME    <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP		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 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.					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition												
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CITY-ST-ZIP		CITY-ST-ZIP											

**SIGNATURE:**  **PRESIDENT KARRY HANNAH 4-14-08 239 574-1951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #