2005 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 98 0 0 0 0 3 5 4 9 5

KANGAROO CORPORATION

the obligations of registered agent.



FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90188 030 ***158.75

DO NOT WRITE IN THIS SPACE 50048538 3. Mailing Address スの4-37ツ Avs N. 単100 2. Principal Place of Business 204-37 MAVE. N. #100 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 100 #100 City & State City & State ST. PETERS BURG, FL 4. FEI Number Applied For NOT APPLICABLE ST. PETERSBURG ➢ Not Applicable Country USA 233704 Country \$8.75 Additional 5. Certificate of Status Desired 33704 7. Name and Address of Current Registered Agent E. DE WAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code **3370**牛 City ST. PETERSBURG 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

SIGNATURE .	1/2010		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT CASH 204-37 MAUE.N. #100 ST. PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE NAME - STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	•	TITLE NAME STREET ADDRESS GITY-ST-ZIP	`

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4-28.05 ph. (727) 420-3222