FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

| DOCUMENT# DOC TOCC | 05-24-2002 91349 026 ***150.00 |
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| DOCUMENT # P 980000 38956 | 03 21 2002 913 19 020 130.00 |
| KALISA EUTERPRISE, LNC | |
| D.B.A HALISA MORTGAGE | |
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| DO NOT WRITE IN THIS SE | PACE |
| | |
| 2 Principal Place of Business 3/75 S. CIMAREIS AVE 305 3 P.D. |) LANE |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE |
| TENTHOUSE SUITE City & State City & State | 4. FEI Number Applied For |
| PALM SPRINGS, FLA. GREENACKE | |
| 33461 PALM BEACH 33463 | Sountry Sound Status Desired Sound Status |
| chasygy savinganganahas sama panahadh samahana danahaidanahaidanahaida chasygy savinganganahas samahas samaha samahanahaida | 7. Name and Address of Current Registered Agent |
| DO NOT WRITE | Name NENNETH CAMERON LILLE |
| intermediate of the description of DO to NO floor WRITE have been about | Street Address (P.O. Box Number is Not Acceptable) |
| IN THIS SPACE | 305 3RD LANE |
| | City GAZENAGAES FL Zip Code 33463 |
| 8. The above named entity submits this statement for the purpose of changing its re | egistered office or registered agent, or both, in the State of Florida. |
| | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature required when reinstating) DATE |
| 9. This corporation is eligible to satisfy its Intangible | y,1 Fee is \$150.00 |
| Tax filing requirement and elects to do so. (See criteria on back) Amended | Fee is \$550.00 10. Election Campaign Financing UBR is \$81:25 Trust Fund Contribution. Should be Added to Fees |
| 11. OFFICERS AND DIRECTORS | to Department of State |
| TITLE D | mr (to |
| NAME LISA K. LILLIE STREET ADDRESS 305 320 LANE | "MAME AND TRANSITION DESCRIPTION OF THE PROPERTY OF THE PROPER |
| CITY-SI-ZIP GREENAURES FLA 33463 | TIPLE **NAME** CALIFORNIA OF THE PROPERTY OF |
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| 13. I hereby certify that the information supplied with this filling does not qualify for the | CRIV-SI-ZIP |
| 13. 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 11 or on an | |
| and similar with all dudiess, that an other like all powered | |
| SIGNATURE: XOUNEL SIGNATURE AND TYPED OR PRINGED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deput Pringer | |