
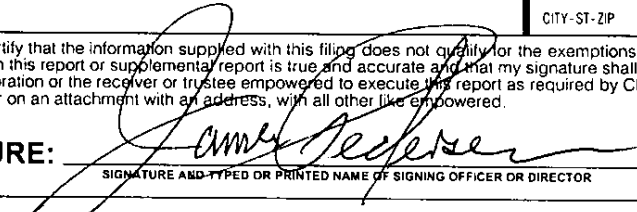


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90070 009 ***150.00

DOCUMENT # P98000081534 1. Entity Name KAI LIMITED, INC.																																																																																																																																																											
Principal Place of Business 3141 W MCNAB RD POMPANO BEACH, FL 33069 US			Mailing Address 3141 W MCNAB RD POMPANO BEACH, FL 33309																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 90 1164 S PowerLine RD Suite, Apt. #, etc.		3. Mailing Address 90 1164 S. PowerLine RD Suite, Apt. #, etc.																																																																																																																																																									
City & State POMPANO BEACH, FL Zip 33069		City & State POMPANO BEACH, FL Zip 33069		4. FEI Number 65-0866474 Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
Country US		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent PEDERSEN, JAMES O 3141 W MCNAB RD POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name PEDERSEN, JAMES O Street Address (P.O. Box Number is Not Acceptable) 90 1164 S PowerLine RD City POMPANO BEACH FL Zip Code 33069																																																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P PEDERSEN, JAMES</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PEDERSEN, JAMES</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">3141 W MCNAB RD</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">90 1164 S PowerLine Road</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">POMPANO BEACH, FL 33069</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">POMPANO BEACH, FL 33069</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 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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.																																																																																																																																																											
SIGNATURE:  4/22/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											