2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024203

Entity Name: KANNIKA, INC.

FILED Jul 03, 2005 Secretary of State

Current Principal Place of Business:				New Principal P	New Principal Place of Business:		
5458 W. SA MARGATE	AMPLE ROAD , FL 33073)					
Current Mailing Address:				New Mailing Ad	New Mailing Address:		
	IQUILITY DRI BEACH, FL						
FEI Number:	65-0910348	FEI Nu	umber Applied For()	FEI Number Not Applicable () Certificate of Status Desired (X)		
Name and	Address of (Current	Registered Agent:	Name and Addre	ess of New Registered Agent:		
	, HORST IQUILITY DRI BEACH, FL		US				
The above in the State		submits	this statement for the pur	pose of changing its regi	stered office or registered agent, or both,		
SIGNATUR	RE:						
		nic Signa	ature of Registered Agent		Date		
Election Cam	paign Financin	g Trust F	S., the corporation did not reund Contribution ().	•			
OFFICERS AND DIRECTORS:				ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD (SUDNAEN, PH 4921 EGRET F COCONUT CR	PL	33073	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MD (SUDNAEN, KAI 4921 EGRET F COCONUT CR	PL.	33073	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD (SUDNAEN, CH 4921 EGRET F COCONUT CR	PL.	33073	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SUDNAEN, SIR 4921 EGRET F COCONUT CR	REE PLACE	33073	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MD (SUDNAEN, AR' 4921 EGRET F COCONUT CR	PLACE	33073	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TD (DUENPEN, SU 4216 TRANQU BOCA RATON,	ILITY DR.		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUENPEN SUSSKIND TD 07/03/2005