2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# P99000024203

Entity Name: KANNIKA, INC.

Current Principal Place of Business:

5458 W. SAMPLE ROAD
MARGATE, FL 33073

New Principal Place of Business:

Current Mailing Address:

4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487

New Mailing Address:

FEI Number: 65-0910348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSSKIND, HORST
4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SUDNAEN, PHAIRCH
Address: 4921 EGRET PL
City-St-Zip: COCONUT CREEK, FL 33073

Title: MD ( ) Delete
Name: SUDNAEN, KANNIKA
Address: 4921 EGRET PL.
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete
Name: SUDNAEN, CHEEP
Address: 4921 EGRET PL.
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete
Name: SUDNAEN, SIREE
Address: 4921 EGRET PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MD ( ) Delete
Name: SUDNAEN, ARTITH
Address: 4921 EGRET PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete
Name: DUENPEN, SUSSKIND
Address: 4216 TRANQUILITY DR.
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 01/10/2006

Electronic Signature of Signing Officer or Director — Date