

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042638

Entity Name: KNA SERVICES, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

320 NORTH MAGNOLIA
SUITE A-9
ORLANDO, FL 32801

New Principal Place of Business:

320 NORTH MAGNOLIA
SUITE B-5
ORLANDO, FL 32801

Current Mailing Address:

320 NORTH MAGNOLIA
SUITE A-9
ORLANDO, FL 32801

New Mailing Address:

320 NORTH MAGNOLIA
SUITE B-5
ORLANDO, FL 32801

FEI Number: 59-3572934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, LAVERN R
320 NORTH MAGNOLIA
SUITE A-9
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KELLY, LAVERN R
320 NORTH MAGNOLIA
SUITE B-5
ORLANDO, FL 32801 US

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:

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLY, LAVERN R
Address: 1411 SUMMITHILL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: KELLY, WG
Address: 1411 SUMMITHILL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: V (X) Delete
Name: KELLY, W.G.
Address: 320 NORTH MAGNOLIA AVE SUITE A-9
City-St-Zip: ORLANDO, FL 32801

Title: P (X) Delete
Name: LAVERN, KELLY R
Address: 320 NORTH MAGNOLIA AVE SUITE A-9
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KELLY, LAVERN R
Address: 320 NORTH MAGNOLIA SUITE B-5
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: KELLY, WG
Address: 320 NORTH MAGNOLIA SUITE B-5
City-St-Zip: ORLANDO, FL 32801

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 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: LAVERN R KELLY

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date