2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90034 037 ***150.00

DOCUMENT # P99000091710

1. Entity Name
KYLIE, INC.

Principal Place of Business	Mailing Address
10508 US 41 NORTH PALMETTO, FL 34221	~~10508 US 41 NORTH~~ ~~PALMETTO, FL 34221~~

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	815 8TH AVE W Suite, Apt. #, etc.
City & State	PALMetto City & State
Zip / Country	34221 / MANATee Zip / Country

4. FEI Number
65-0955099
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~AMERES, GEORGE~~ ~~9411 71ST AVENUE EAST~~ ~~PALMETTO, FL 34221~~	Name Street Address (P.O. Box Number is Not Acceptable) 18306 PRAIRIE WOLF GLEN City PARRISH FL Zip Code 34219

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMERES, GEORGE ~~9411 71ST AVE EAST~~ ~~PALMETTO, FL 34221~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 18306 PRAIRIE WOLF GLEN PARRISH, FL 34219
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AMERES, EMMANUEL ~~7208 24TH AVENUE WEST~~ ~~BRADENTON, FL 34209~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 580 RIVERSIDE DRIVE PALMetto, FL 34221
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AMERES, KALLIOPI ~~7208 24TH AVENUE WEST~~ ~~BRADENTON, FL 34209~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 580 RIVERSIDE DRIVE PALMetto, FL 34221
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/23/05 941-721-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #