2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # S07902 1. Entity Name 04-16-2004 90031 002 ***150.00 KAL, INC. Principal Place of Business Mailing Address 2233 COVENTRY DR. WINTER PARK FL 32792 2233 COVENTRY DR. ひしとどしひとし WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For 4. FEI Number City & State City & State 65-0229792 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWE, KEITH A. Street Address (P.O. Box Number is Not Acceptable) 2233 COVENTRY DR. WINTER PARK FL 32792 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Defete TITLE TITLE NAME LOWE, HARRY E. NAME 705 Lake Blue Drive STREET ADDRESS 1335 LAKE CLAY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Change Addition ☐ Delete TITLE NAME LOWE, KEITH A STREET ADDRESS STREET ADDRESS 2233 COVENTRY DR. CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change DILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

407-681-2251 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.