

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25165

FILED  
Feb 12, 2012  
Secretary of State

Entity Name: KAILLOREN INC.

**Current Principal Place of Business:**

3130 BURKE ST  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3130 BURKE ST  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3113505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KILLOREN, BRUCE D.  
3130 BURKE ST  
TAMPA, FL 33614 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KILLOREN, BRUCE D  
Address: 3130 BURKE ST  
City-St-Zip: TAMPA, FL 33614 US

I hereby 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 all other like empowered.

SIGNATURE: BRUCE D KILLOREN

PRES

02/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date