

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # V71715

1. Entity Name
KLAM INTERNATIONAL CONSULTING CORPORATION



Principal Place of Business
**154 BAYWIND DRIVE
NICEVILLE, FL 32578 US**

Mailing Address
**154 BAYWIND DRIVE
NICEVILLE, FL 32578 US**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3159399

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KLAM, ROLF
154 BAYWIND DRIVE
NICEVILLE, FL 32578**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000839606

03/06/08 00014-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
KLAM, ROLF
154 BAYWIND DRIVE
NICEVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MORITZ, MONIKA
154 BAYWIND DR
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

850-897-6643

Daytime Phone #