

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020519

Entity Name: KAJKUNJ INC.

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

2636 TRANSMITTER ROAD
SPRINGFIELD, FL 32404

New Principal Place of Business:

Current Mailing Address:

1534 THURSO ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3562242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAJENDRA M
1534 THORSO RD
LYNN HAVEN, FL 32444 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, RAJENDRA M
Address: 1534 THORSO RD
City-St-Zip: LYNN HAVEN, FL 32644

Title: S () Delete
Name: PATEL, MANJULABEN R
Address: 2636 TRANSMITTER ROAD
City-St-Zip: SPRINGFIELD, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAJENDRA M. PATEL

PRES

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date