
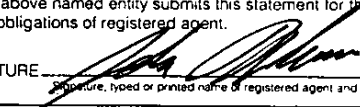
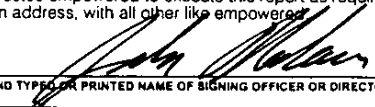


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90054 028 ***150.00

DOCUMENT # P06000018269 1. Entity Name KAT-5 ENTERPRISES, INC.					
Principal Place of Business 5513 16TH AVE S GULFPORT, FL 33707			Mailing Address 5513 16TH AVE S GULFPORT, FL 33707		
2. Principal Place of Business - No P.O. Box # 11117 91st AV. N.		3. Mailing Address 11117 91st AV. N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Seminole, FL 33772		City & State Seminole, FL		4. FEI Number 57-1229649	
Zip 33772		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRODEL, WILLIAM H 4437 CENTRAL AVE ST PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name John Newbauer Street Address (P.O. Box Number is Not Acceptable) 11117 91st AV. N. City Seminole FL Zip Code 33772		
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 8-6-07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRACCHIOLO, FRANK J 5513 16TH AVE S GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE 8-6-07 DAYTIME PHONE # 727.519.3913 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					