2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98134

Entity Name: TRIM KAT, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
% HARRIS JAMES FAULK, JR. 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225	% HARRIS JAMES FAULK 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225

Current Mailing Address:	**New Mailing Address:**
% HARRIS JAMES FAULK, JR. 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225	% HARRIS JAMES FAULK 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225

FEI Number: 59-2690090   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FAULK, HARRIS JAMES, JR. 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225 US	FAULK, HARRIS JAMES 10230 ATLANTIC BLVD. #8 JACKSONVILLE, FL 32225 US

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: HARRIS J FAULK   04/29/2012
_____
                    Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FAULK, HARRIS JAMES
Address: 10230 ATLANTIC BLVD. #8
City-St-Zip: JACKSONVILLE, FL

Title: V
Name: FAULK, HARRIS JAMES, III
Address: 10639 AIRPORT TERRACE DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S
Name: GROSS, HARRIETT E.
Address: 10639 AIRPORT TERRACE DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T
Name: FAULK, KIM
Address: 10639 AIRPORT TERRACE DR.
City-St-Zip: JACKSONVILLE, FL 32225

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: HARRIS J FAULK   DP   04/29/2012
_____
                Electronic Signature of Signing Officer or Director   Date