2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K36325

Entity Name: KATY EQUIPMENT, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2750 TAYLOR AVENUE SUITE D ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 2750 TAYLOR AVENUE SUITE D ORLANDO, FL 32806 US FEI Number: 59-2911072 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: BARSZCZ, DAVID 2750 TAYLOR AVE STE. D ORLANDO, FL 32906 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARRALES, DAVID J. BARRALES, DAVID J Name: Name: 2940 LAKE PINELOCH BLVD 2945 LAKE PINELOCH BLVD Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806 Title: Title: () Delete () Change () Addition BARRALES, KATY L Name: Name: 2811 MARSALA CT. Address: Address: ORLANDO, FL 32806 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STORCH, SUSAN Name: Name: 1126 LAKE WILLISARA CIR. Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: () Delete Title: () Change () Addition MICK, JOHN A Name: Name: Address: 2750 TAYLOR AVE Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: Title: () Delete () Change () Addition CALLAWAY, MICHAEL R. Name: Name: 1668 ARBOR DR Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: (X) Change () Addition ZAHORODNI, SUSAN G ALLEN, CASEY S Name: Name: 6261 BENT PINE DR. Address: 19 SUNSET HILL RD Address: City-St-Zip: SIMSBURY, CT 06070 City-St-Zip: ORLANDO, FL 32822

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: DAVID J. BARRALES PRES 05/01/2009