2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # K54920 1. Entity Name BATNA, INC. Mailing Address Principal Place of Business **490 PEACHTREE ST 490 PEACHTREE ST** COCOA, FL 32922 COCOA, FL 32922 No Chg-P CR2E034 (11/05) 03312006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2938304 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, LEGRANDE B. DO NOT WRITE 490 PEACHTREE ST COCOA, FL 32922 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. DATE Signature, typed or printed name of registered agent and still if applicable. (ROUTE: flagistered Agent signature returned when reinstating) Election Campaign Financing \$5.00 May 8e FILE NOWIII FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 70. CPV TITLE U00000493**5**93 JOHNSON, LEGRANDE B. NAME 04/20/06-80010-018 150.D0 STREET ADDRESS 4619 N INDIAN RIVER DR COCOA, FL, 32927 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TISLE STREET ADDRESS 12. Thereby 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 supplienced is true and occurate 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 truegge empowered to execute this appoint 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 adoless, with all place impowered.

NAME OF SIGNING OFFICER OR DIRECTOR