2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85451

Entity Name: KATO SALES, INC.

FILED Apr 25, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

% KATHLEEN A. SLABY % KATHLEEN A. SLABY 855 FRANKLIN ST. PO BOX 150323

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32715

Current Mailing Address: New Mailing Address:

% KATHLEEN A. SLABY % KATHLEEN A. SLABY

855 FRANKLIN ST. PO BOX 150323

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32715

FEI Number: 59-3141176 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:

SLABY, KATHLEEN A. SLABY, KATHLEEN A. 855 FRANKLIN ST. PO BOX 150323.

ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32715 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: 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition

Name: SLABY, KATHLEEN A., Name: SLABY, KATHLEEN A.,

Address: 855 FRANKLIN ST. Address: PO BOX 150323
City-St-Zip: ALTAMONTE SPRGS, FL 32715

Title: VD () Delete Title: () Change () Addition

 Name:
 SLABY, ANDREA J
 Name:

 Address:
 329 SILVER PINE DR
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 HOEQUIST, CHARLES A ESQX
 Name:

 Address:
 3113 LAWTON RD.
 Address:

 City-St-Zip:
 ORLANDO, FL 32803
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN SLABY P 04/25/2006