2005 FOR PROFIT CORPORATION , ANNUAL REPORT

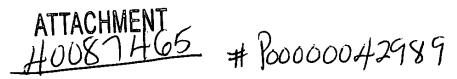
changed, or on an attach

SIGNATURE:

Jun 07, 2005 8:00 am **Secretary of State** DOCUMENT # P00000042989 06-07-2005 90003 036 ***150.00 1. Entity Name KATARINA KORPORATION, INC. Principal Place of Business Mailing Address 3160 E LIVINGSTON ST P 0 B0X 716 ORLANDO, FL 32803 OCOEEE, FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3637271 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, CRAIG B Street Address (P.O. Box Number is Not Acceptable) 105 E ROBINSON ST, SUITE 501 ORLANDO, FL 32801 City Zip Code 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. Signature, typed or orinted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LANE, ROBERT NAME STREET ADDRESS P O BOX 716 STREET ADDRESS CITY-ST-ZIP OCOEE, FL 34761 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplied estat report is true and occupate 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #



Department of State – Div of Corps. It was the last day before the fee was due, and I had not received the form to accompany it. I thought it best to mail in the check on time without waiting for the form.

Thanks for taking care of the matter in the manner which you did.

Is there possibly a website from which I might download and print this form next year, instead of waiting to see if it reaches me via the US mail, in time?

Thanks,

RL

MAY 3 0 2005