2008 FOR PROFIT CORPORATION

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ANNUAL REPORT					Jan 25, 2008 08:00		
DOCUMENT # P00000042989					S	ecretary of Sta	
KATARIN	NA KORPORATION, INC.						
Principal Place	ee of Business NGSTON ST	Mailing Address P 0 80X 716					
ORLANDO, F		OCOEE7 FL 34761		i (20 11 1 2)	IF er ik et ik etik etin eti	N BBUT BIBLO WITH FRIENDAME IBUIRED WERE	
DO NOT WRITE IN THIS SPACE				01212008	No Chg-P	CR2E034 (11/05)	
				4. FEI Numb 59-36:		Not Applicable	
	6. Name and Address of Current Re	gistered Arent		5. Certificat	e of Status Desired	\$8.75 Additional Fee Required	
WARD, CRAIG B				200	NOT W	DITE	
105 E ROBINSON ST, SUITE 501 ORLANDO, FL 32801				_	NOT W		
				IN	THIS SP	ACE	
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, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required who						DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. TITLE	OFFICERS AND DI	RECTORS					
NAME STREET ADDRESS	LANE, ROBERT P O BOX 716						
CITY-ST-ZIP	OCOEE, FL 34761		~~				
TITLE NAME					00000 01/28/08	0794358 -80004-021 150.00	
STREET ADDRESS CITY-ST-ZIP					GI, EG, GG	00001 001 100 00	
TITLE NAME							
STREET ADDRESS				DΩ	NOT W	RITE	
CITY-ST-ZIP TITLE			1		THIS SF		
NAME STREET ADDRESS				114	I IIIO OF	ACE	
CITY-ST-ZIP			<u>,</u>				
TITLE NAME						*1	
STREET ADDRESS							

12. I hereby certify that the information supplies with this filling does no indicated on this report or supply suitable ont is true and accurate of the corporation or the receiver or trusted empower of the corporation on the receiver or trusted empower of the corporation of the receiver or trusted empower of the corporation of the receiver of trusted empower of the corporation of the receiver of the receiver of the corporation of the receiver qualities the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information a rular my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if impowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR

JAN21 2008

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