2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035730

Entity Name: KOOL KAT HEATING & AIR CONDITIONING, INC.

FILED Mar 16, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|--|---------------------------------|--|---|--|
| 12554 CAPRI CIRCLE NO TREASURE ISLAND, FL | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 10609 BAYPINES BLVD SAINT PETERSBURG, FI | L 33708 | 6121 SEMINOLE BLVD SEMINOLE, FL 33772 | | |
| FEI Number: 59-3748346 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of N | Name and Address of New Registered Agent: | |
| SHRADER, BREEN 12554 CAPRI CIRCLE NO TREASURE ISLAND, FL | | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | urpose of changing its registered o | ffice or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electroni | c Signature of Registered Age | ent | Date | |

OFFICERS AND DIRECTORS:

Title: PD

Name: SHRADER, BREEN

Address: 12554 CAPRI CIRCLE NORTH City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: BREEN SHRADER PD 03/16/2011