

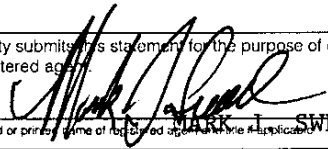
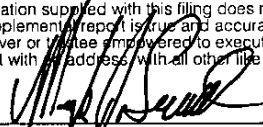


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:06

<b>DOCUMENT # P01000042929</b>					
<b>1. Entity Name</b> MISS KATHRYN, INC.					
<b>Principal Place of Business</b> 5231 GENTLEBREEZE DR. TALLAHASSEE, FL 32309			<b>Mailing Address</b> 5231 GENTLEBREEZE DR. TALLAHASSEE, FL 32309		
<b>2. Principal Place of Business</b> 2208 TEN OAKS DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2208 TEN OAKS DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> TALLAHASSEE, FL		<b>City &amp; State</b> TALLAHASSEE, FL		<b>4. FEI Number</b> 59-3714965	
<b>Zip</b> 32312		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RESSE, THOMAS C 5231 GENTLEBREEZE DR. TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b> Name: <b>MARK J. SWEE</b> Street Address (P.O. Box Number is Not Acceptable): 2208 TEN OAKS DRIVE City: <b>TALLAHASSEE</b> <b>FL</b> <b>Zip Code</b> <b>32312</b>		
<b>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.</b> SIGNATURE:  <b>MARK J. SWEE</b> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE: <b>7-18-05</b></span>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete NAME: <b>RESSE, THOMAS C</b> STREET ADDRESS: <b>5301 GENTAL BREEZE DRIVE</b> CITY-ST-ZIP: <b>TALLAHASSEE, FL 32308</b>			TITLE: <b>P/S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>MARK J. SWEE</b> STREET ADDRESS: <b>2208 TEN OAKS DRIVE</b> CITY-ST-ZIP: <b>TALLAHASSEE, FL 32312</b>		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
<b>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 supplemental report is true and accurate 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 trustee empowered to execute this report 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 address with all other like empowered.</b>					
<b>SIGNATURE:</b>  <b>MARK J. SWEE, PRESIDENT</b>			Date: <b>7-18-05</b> <span style="float: right;">Daytime Phone #: <b>850.668.4071</b></span>		