## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000100294

Entity Name: KATRINA OF LONDON, INC.

FILED Apr 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7840 GLADES RD STE 165 262 HIGHWAY 515 BOCA RATON, FL 33434 SUITE B

BLAIRSVILLE, GA 30512

Current Mailing Address: New Mailing Address:

10444 SAIL PLACE 2920 SLEEPY MOUNTAIN LANE

BOCA RATON, FL 33498 BLAIRSVILLE, GA 30512

FEI Number: 56-2293501 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:

SMELT, KATRINA SMELT, KATRINA 10444 SAIL PL 2920 SLEEPY MOUNTAIN

10444 SAIL PL 2920 SLEEPY MOUNTAIN LANE BOCA RATON, FL 33498 US BLAIRSVILLE GEORGIA, FL 30512 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: 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete Name: SMELT, KATRINA A

Address: 10444 SAIL PLACE
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete Name: SMELT, ANTONY

Address: 10444 SAIL PL

City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition

Name: SMELT, KATRINA A

Address: 2920 SLEEPY MOUNTAIN LANE City-St-Zip: BLAIRSVILLE, GA 30512

Title: VP (X) Change ( ) Addition

Name: SMELT, ANTONY

Address: 2920 SLEEPY MOUNTAIN LANE City-St-Zip: BLAIRSVILLE, GA 30512

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: KATRINA SMELT PRES 04/15/2007