2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 23, 2007 08:00 A Secretary of State DOCUMENT # P03000096503 SHOWKAT ENTERPRISES INC Principal Place of Business Mailing Address 1400 SOUTH MAIN STREET 1400 SOUTH MAIN STREET BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo: 4. FEI Number 20-0197013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALI, MOHAMMED S DO NOT WRITE 1400 SOUTH MAIN STREET BELLE GLADE, FL 33430 IN THIS SPACE 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. DATE Signature, lyded or crinted name of redistered edent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ALI, MOHAMMED S NAME STREET ADDRESS 1400 SOUTH MAIN STREET BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000676934 03/30/07-80082-020 150.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

FILED