
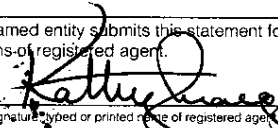
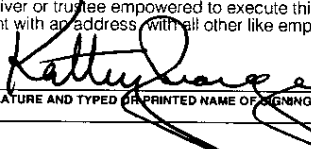


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90206 020 \*\*\*150.00

<b>DOCUMENT # P03000155070</b>					
<b>1. Entity Name</b> KATT 1, INC.					
<b>Principal Place of Business</b> 800 LAUREL OAK DR STE 300 NAPLES, FL 34108			<b>Mailing Address</b> 800 LAUREL OAK DR STE 300 NAPLES, FL 34108		
<b>2. Principal Place of Business</b> 11000 Metro Pkwy Suite, Apt. #, etc. Suite 30		<b>3. Mailing Address</b> 11000 Metro Pkwy Suite, Apt. #, etc. Suite 30			
City & State Fort Myers, FL		City & State Fort Myers, FL			
Zip 33912	Country USA	Zip 33912	Country USA	<b>4. FEI Number</b> 20-0615986	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SAMOUCÉ, MURRELL & GAL, P.A. 800 LAUREL OAK DR STE 300 NAPLES, FL 34108					
<b>7. Name and Address of New Registered Agent</b> Name Kathy Morgan Street Address (P.O. Box Number is Not Acceptable) 11000 Metro Pkwy Suite 30 City Fort Myers FL Zip Code 33912					
<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:  DATE: 5/10/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUATTRONE, AL 800 LAUREL OAK DR STE 300 NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORGAN, KATHY 800 LAUREL OAK DR STE 300 NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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>  DATE: 5/10/04 DAYTIME PHONE: 239 275 5700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					