

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090490

Entity Name: KATS COACHING INC.

FILED
Apr 10, 2005
Secretary of State

Current Principal Place of Business:

185 RANDON TERR.
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952352
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 56-2463927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCULTHORPE, ANTHONY S
185 RANDON TERR.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCULTHORPE, ANTHONY S
Address: P.O. BOX 952352
City-St-Zip: LAKE MARY, FL 32795 US

Title: VP () Delete
Name: SCULTHORPE, CATHERINE G
Address: P.O. BOX 952352
City-St-Zip: LAKE MARY, FL 32795 US

Title: SECR () Delete
Name: SCULTHORPE, ANTHONY S
Address: P.O. BOX 952352
City-St-Zip: LAKE MARY, FL 32795 US

Title: TRES () Delete
Name: SCULTHORPE, ANTHONY S
Address: P.O. BOX 952352
City-St-Zip: LAKE MARY, FL 32795 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PEACOCK, ODESSA
Address: 3910 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

Title: SECR (X) Change () Addition
Name: SCULTHORPE, CATHERINE G
Address: P.O. BOX 952352
City-St-Zip: LAKE MARY, FL 32795 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY SCULTHORPE

P

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date