

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047599

Entity Name: AMCAT GLOBAL INC.

FILED  
Jan 31, 2008  
Secretary of State

**Current Principal Place of Business:**

11125 DARRYL DRIVE  
BATON ROUGE, LA 70815

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15090  
BATON ROUGE, LA 70895

**New Mailing Address:**

FEI Number: 98-0452591      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIN ST, LOWER LEVEL  
TALLAHASSEE, FL 32301      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: LOZECKI, ALEX  
Address: 130 MONTMORENCY DR, HAMILTON, ONTARIO  
City-St-Zip: L8K 6J7,

Title: V ( ) Delete  
Name: LOZECKI, MATTHEW  
Address: 130 MONTMORENCY DR, HAMILTON, ONTARIO  
City-St-Zip: L8K 6J7,

Title: T ( ) Delete  
Name: LOZECKI, DONNA  
Address: 130 MONTMORENCY DR, HAMILTON, ONTARIO  
City-St-Zip: L8K 6J7,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEX LOZECKI

P

01/31/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date