2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047599

Entity Name: AMCAT GLOBAL INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11125 DARRYL DRIVE 7108 BURNS ST. BATON ROUGE, LA 70815 RICHLAND HILLS, TX 76118 **Current Mailing Address: New Mailing Address:** P.O. BOX 15090 7108 BURNS ST BATON ROUGE, LA 70895 RICHLAND HILLS, TX 76118 FEI Number: 98-0452591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOZECKI, ALEX Name: Name: 130 MONTMORENCY DR, HAMILTON, ONTARIO Address: Address: City-St-Zip: L8K 6J7 City-St-Zip: Title: Title: () Delete () Change () Addition LOZECKI, MATTHEW Name: Name: 130 MONTMORENCY DR, HAMILTON, ONTARIO Address: Address: City-St-Zip: L8K 6J7. City-St-Zip: Title: Title: () Delete () Change () Addition LOZECKI, DONNA Name: Name: 130 MONTMORENCY DR, HAMILTON, ONTARIO Address: Address: City-St-Zip: L8K 6J7, City-St-Zip: Title: () Delete Title: () Change (X) Addition WILLIAMSON, TIMOTHY Name: Name: Address: Address: 1087 OAK CREEK CIRCLE City-St-Zip: City-St-Zip: ROYCE CITY, TX 75189

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: JAN WOLFE, CONTROLLER CONT 02/05/2009