## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000070925

Title:

Name:

Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Entity Nai	me: KATA SOI	LUTIONS, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	TT AVENUE RY, FL 32746	US					
Current Mailing Address:			New Mailing Address:				
	TT AVENUE RY, FL 32746	US					
FEI Number:	: 26-3054461	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
262 ABBO	SOLUTIONS TT AVENUE RY, FL 32746	US					
	named entity set of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered agent	, or both,	
SIGNATU	RE:						
		ic Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICER	S AND DIRECT	rors:	ADDITION	IS/CHANGES	TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	VP () KEOGH, JEAN ( 262 ABBOTT AV LAKE MARY, FL	ENUE	Title: Name: Address: City-St-Zip:	VP,T (X KEOGH, JEAN 262 ABBOTT A LAKE MARY, F	VENUE		
Title: Name: Address: City-St-Zip:	P () BROWN, MELIS 262 ABBOTT AV LAKE MARY, FL	ENUE	Title: Name: Address: City-St-Zip:	P, S (X BROWN, MEL 262 ABBOTT A LAKE MARY, F	VENUE		
Title: Name: Address: City-St-Zip:	T (X) ERIKSEN, AMAI 262 ABBOTT AV LAKE MARY, FL	'ENUE	Title: Name: Address: City-St-Zip:	(	) Change()Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MELISSA BROWN P,S 04/16/2009

(X) Delete

GROSENKEMPER, JENIFER

LAKE MARY, FL 32746 US

262 ABBOTT AVENUE

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