## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000005978

1. Entity Name YATT, INC.



FILED Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business

1420 MAIN STREET SARASOTA, FL 34236 Mailing Address

1420 MAIN STREET SARASOTA, FL 34236



02062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0571926 Applied For Not Applicable

5. Conflicato of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALVANO, WILLIAM S 1023 MANATEE AVENUE WEST BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

				er en		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or registered ag	gent, or both, in the State of Fi	orida. I am familiar with, and acc	ept
	Signature, typed or printed name of registered agent and title	f applicable. (NOTE, Registered	Agent signature required when i	reinstating) - 4	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			cing \$5.00 (	Fees U0000	00689133 <del>7-80024-013-150-0</del>	o
10.	OFFICERS AND DIREC	CTORS	,	UNITYO	I <del>LOUDE LA LOUIS LOUIS IN</del>	<del>-</del>
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CITY-ȘT-ZIP <sub>1</sub>	and agree to a control to the same of the Taktica.		e selfgrape traperto se		044	
12. I hereby	certify that the information supplied with this I	iling does not qualify for the exe	imptions contained in C	hapter 119, Florida Statutes.	I further certify that the informatic	חכ

The early certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver cylinates 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

(941) 364-597

Dete

Davime Phone #