2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 08:00 Al Secretary of State DOCUMENT # P95000062951 1. Entity Name KATIE HOUSE INC. Principal Place of Business Mailing Address 2705 WILKINSON ROAD 2705 WILKINSON ROAD SARASOTA, FL 34231 SARASOTA, FL 34231 CR2E034 (11/05) 04252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0601195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BALOG, KATALIN 2705 WILKINSON ROAD SARASOTA, FL 34231 IN THIS SPACE 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BALOG, KATALIN STREET ADDRESS 2705 WILKINSON RD. CITY-ST-ZIP SARASOTA, FL 34231 000000744597 05/15/07-80156-005 150.00 TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all given the empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR