2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095304

Entity Name: KLATT, INC.

City-St-Zip:

BOYNTON BEACH, FL 33435

FILED Mar 10, 2009 Secretary of State

| Littly Na | ille. KLATI, I | INO. | | | |
|---|--|-----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | (ELS BLVD. N BEACH, FL | 33425 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO DRAW BOYNTON | /ER 1240 NBCH., FL 33 | 425 US | | | |
| FEI Number | : 59-2469695 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| SCHROEI 120 EAST | DER, MICHAE DER AND LAR PALMETTO F TON, FL 3343 | RCHE, P.A. PARK RD., SUITE 150 | | | |
| The above in the State | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | WINCHESTER PO DRAWER | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD (KLATT, ALFOF 130 EAST MAI FRANKLIN, NO | N STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | DPS (WINCHESTER P.O. DRAWER | | Title: Name: Address: | () 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.

City-St-Zip:

SIGNATURE: BILL R. WINCHESTER P 03/10/2009