


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N01000005564 1. Entry Name CASTING FOR CATS, INC.	
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Principal Place of Business 174 OCALA DR TAVERNIER FL 33070	Mailing Address PO BOX 650 ISLAMORADA FL 33036
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2. Principal Place of Business Suite, Apt. #, etc <i>Same</i>	3. Mailing Address Suite, Apt. #, etc <i>Same</i>	1st MOORE CR2E037 (10/05)
City & State <i>Same</i>	City & State <i>Same</i>	4. FEI Number 65-1147691 Applied For Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY-ELLENWOOD, SHARON
174 OCALA DR
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sharon Mahoney - Ellenwood* DATE *April 26-2006*
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D MAHONEY-ELLENWOOD, SHARON	<input type="checkbox"/>
NAME	174 OCALA DR	
STREET ADDRESS	TAVERNIER FL 33070	
CITY-ST-ZIP		
TITLE	D BROWNLIE, POPPY	<input type="checkbox"/>
NAME	138 MILANO DRIVE	
STREET ADDRESS	ISLAMORADA FL 33036	
CITY-ST-ZIP		
TITLE	T SNOWMAN, RACHEL	<input type="checkbox"/>
NAME	157 VENETIAN WAY	
STREET ADDRESS	ISLAMORADA FL 33036	
CITY-ST-ZIP		
TITLE	T FORTUNE, DORIS	<input type="checkbox"/>
NAME	108 EAST CARROLL ST	
STREET ADDRESS	ISLAMORADA FL 33036	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 617, 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: *Sharon Mahoney - Ellenwood* DATE *April 26-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE