


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

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90201 038 ****61.25

DOCUMENT # N99000000419

1. Entity Name
C.A.T.S., INC.



Principal Place of Business Mailing Address

3930 N.W. 64TH AVENUE P.O. BOX 661160
VIRGINIA GARDENS FL 33106 MIAMI SPRINGS FL 33266
*931 DOVE AVE
MIAMI SPRINGS, FL 33166*



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0873756** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SINGER, DAVID H
PARKSIDE PLAZA
13320 SW 128TH STREET
MIAMI FL 33186

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 _____ (NOTE: Registered Agent signature required when registering) _____ 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

TITLE	PD, TD	<input type="checkbox"/> Delete
NAME	SILVER, LANEY	
STREET ADDRESS	220 LAWNWAY <i>931 DOVE AVE.</i>	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166 <i>MIAMI SPRINGS FL 33166</i>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARDS, MYRA	
STREET ADDRESS	1840 SW 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DE LA TORRIENTE, ANNE	
STREET ADDRESS	3930 NW 64TH AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Laney Silver* Laney Silver *3/30/06* 305-889-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Caytime Filing #