2007 FOR PROFIT CORPORATION

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90072 043 ***150.00

| DOCUMENT # P0300000165 1. Entity Name CATAMOUNT, INC. | | | | | | | 01-29-2007 | 90072 0 | 43 ***1 | 50.00 | |
|--|---|-----------------------------------|-------------|--|--|--------------------------|---------------------|------------|-----------|---------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 12765 FOREST HILL BLVD SUITE 1302 12765 FOREST HILL BLVD SUITE 130 WELLINGTON, FL 33414 WELLINGTON, FL 33414 | | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 01042007 | Chg-P | CR2E03 | 1 (12/06) | | |
| City & Stat | de | City & State | | | | 4. FEI Number 65-1166 | 110 | | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Count | | | | Status Desired | | 8.75 Add | litional | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| MARIO G. DE MENDOZA, III, PA | | | | | Name | | | | | | |
| 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | .: | | - | | | | | FL | Zip Code | 9 | |
| The above named entity submits this statement for the purpose of changing its regist | | | | | <u> </u> | | | | | | |
| 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 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. | 9. Election Campa Trust Fund Cont | | ncing | \$5.00 Added | May Be to Fees | | | | | |
| 10. | OFFICERS AND DIRECTORS 11. | | | | | ADDITIONS/C | HANGES TO OFFI | CERS AND D | IRECTOR | 3 IN 11 | |
| TITLE NAME | AS Delete IIII NAI | | | 1 | AT | | | [| Change | XX Addition | |
| STREET ADDRESS | | | | | DEVON, TERRI | | | | | | |
| CITY-ST-ZIP | | | | CT ZID | S 12765 FOREST HILL BLVD., STE 1302 WELLINGTON, FL 33414 | | | | | | |
| TITLE | DPST | ☐ Delete | TITLE | | -W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | -ivo Lois , | er 33414 | | Change | Addition | |
| NAME | DEVON, SCOTT NAME OF A 1999 | | | - 1 | | | | | | | |
| | | | | ET ADDRESS -ST-ZIP | | | | | | | |
| TITLE | AT X Delete IIII | | | | | | | - | Change | ☐ Addition | |
| NAME | LAVARD, CYNTHIA A | | | | | | | ı | Change | □ Accilion | |
| STREET ADDRESS 12765 FOREST HILL BLVD STE 1302. | | | | | | | | | | | |
| CITY-SI-ZIP WELLINGTON, FL 33414- | | | | | <u></u> | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ſ | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAM STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | | Change | Addition | |
| NAME | 1 | | NAM | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | | | |
| TITLE | | Delete | TITLE | | | | | | Change | ☐ Addition | |
| NAME | | CT Delete | NAM | | | | | Į. | onange | Addition | |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | | |
| 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 oath; that I am an officer or director of the corporation or the receiver or dustee 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 wind an address with all otief like empowered. | | | | | | | | | | | |