


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90071 021 ***150.00

DOCUMENT # P07000066650

1. Entity Name
CAT PAWS, INC.



Principal Place of Business
**2339 HIDDEN LAKE STREET
 KISSIMMEE, FL 34741 US**

Mailing Address
**2339 HIDDEN LAKE STREET
 KISSIMMEE, FL 34741 US**

50001206



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03062008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**DA SILVA-JACKOW, MARIA D
 2339 HIDDEN LAKE STREET
 KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name
MARIA F. DA SILVA-JACKOW

Street Address (P.O. Box Number is Not Acceptable)
2339 HIDDEN LAKE ST.

City
KISSIMMEE FL Zip Code
34741

4. FEI Number
26-0309419 Applied For
 Not Applicable

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

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 *Maria F. Da Silva-Jackow* (NOTE: Registered Agent signature required when reinstating) DATE 3-20-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DA SILVA-JACKOW, MARIA D 2339 HIDDEN LAKE STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DA SILVA-JACKOW, MARIA F. 2339 HIDDEN LAKE STREET KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 other like empowered.

SIGNATURE: *Maria F. Da Silva-Jackow* **3-20-08** **407-932-3499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #