
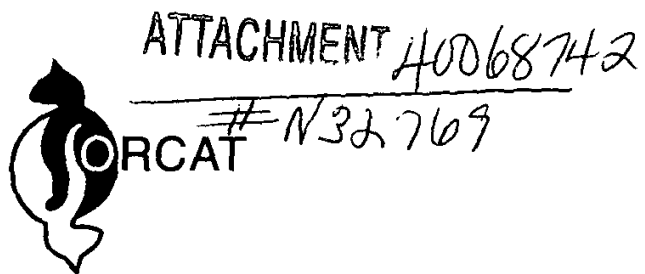


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90178 009 \*\*\*\*61.25

<b>DOCUMENT # N32769</b> 1. Entity Name <b>ORCAT, INC.</b>					
Principal Place of Business <b>97 SOUTH HARBOR DRIVE KEY LARGO, FL 33037 US</b>			Mailing Address <b>97 SOUTH HARBOR DRIVE KEY LARGO, FL 33037 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0125916</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OCEAN REEF COMMUNITY ASSOC 35 OCEAN REEF DRIVE SUITE 220 KEY LARGO, FL 33037</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LUNS福德, GREGORY</b> <b>35 OCEAN REEF DR SUITE 220</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Nanette Elenbaas</b> <b>1 Sunset Cay, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STAMPS, PENNY</b> <b>7 ODPREY LANE</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Claude B. Kershner, III</b> <b>1-A Barracuda Lane, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>APPLIN, LEE LEE</b> <b>10 EXUMA RD</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Harriet McIntyre</b> <b>61 Pumpkin Cay Rd, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STORM, JOHN</b> <b>15 CALUSA RD</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rol Reiter</b> <b>29 Channel Cay Rd, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOLDSTEIN, VICKI</b> <b>5 CAMMON POINT</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kerry Townsend</b> <b>46 Spadefish Ln, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACOBSON, PATTY</b> <b>13 GRAYRIK DRIVE</b> <b>KEY LARGO, FL 33037</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sally Weisleder</b> <b>53 Tarpon Ln, Key Largo, FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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.					
<b>SIGNATURE:</b> <u>Greg Lunsford</u> <b>4-10-07</b> <b>305-367-367</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



April 10, 2007

Two additional Directors for ORCAT are:

D  
Ann Weiler  
23 Bay Ridge Road  
Key Largo, FL 33037

D  
Lin Brown  
51 Sunrise Cay Drive  
Key Largo, FL 33037