2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 457889

Entity Name: CATALINA LIGHTING, INC.

Current Principal Place of Business:

18191 NW 68TH AVENUE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

18191 NW 68TH AVENUE
MIAMI, FL 33015

New Mailing Address:

FEI Number: 59-1548266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEYER, CORYDON
Address: 18191 NW 68 AV
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete
Name: WOELOKE, GERALD
Address: 18191 NW 68 AVE
City-St-Zip: HIALEAH, FL 33015

Title: VS ( ) Delete
Name: FOXX, GREG
Address: 18191 NW 68 AVE
City-St-Zip: BOCA RATON, FL 33486

Title: VS ( ) Delete
Name: SCOTT, JIM
Address: 18191 NW 68 AVE
City-St-Zip: MIAMI, FL 33015

Title: VS ( ) Delete
Name: DAVIDSON, BRUCE
Address: 18191 NW 68 AVE
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete
Name: REA, GEORGE R
Address: 18191 NW 68 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WOELCKE, GERALD
Address: 18191 NW 68 AVE
City-St-Zip: HIALEAH, FL 33015

Title: VS (X) Change ( ) Addition
Name: FOXX, GREG
Address: 18191 NW 68 AVE
City-St-Zip: MIAMI, FL 33015

Title: D (X) Change ( ) Addition
Name: BRODY, MARK
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD WOELCKE D 02/19/2009

Electronic Signature of Signing Officer or Director — Date