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

May 09, 2006 8:00 am Secretary of State DOCUMENT # 763288 1. Entity Name 05-09-2006 90089 038 ****61.25 DAYTONA BEACH CAT FANCIERS, INC. Principal Place of Business Mailing Address 929 PARKWOOD DR. 929 PARKWOOD DR. ORMOND BCH. FL 32174 ORMOND BCH. FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2872304 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGOGLIA, MARY Street Address (P.O. Box Number is Not Acceptable) 5155 BULLIS ROAD SAINT CLOUD FL 34772 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TD ☐ Delete TITLE ☐ Change ■ Addition INGOGLIA, M NAME NAME 5155 BULLIS RD STREET ADDRESS STREET ADDRESS ST CLOUD FL 32772 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ANDERSON, PAMELA C NAME NAME STREET ADDRESS 929 PARKWOOD DRIVE STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP CITY-ST-ZIP 2.174 MARGO LOWTHER. TITLE 💹 Delete TITLE (P) Change ☐ Addition 12 SEA DRIFT TERRACE ORMOND BEACH. NAME INGOGLIA, ANTHONY NAME STREET ADDRESS 5155 BULLIS RD STREET ADDRESS FL. 32176 CITY-ST-ZIP SAINT CLOUD FL 34772 CITY-ST-7IP TITLE 950 TITLE 🔂 Delete TESSIE BROWN Change ☐ Addition NAME FOGARTY, CAROLE NAME STREET ADDRESS 1223 DAVID DR STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CITY-ST-ZIP ☐ Delete THLE ANDERSON, G E NAME NAME 929 PARKWOOD DR STREET ADDRESS STREET ADDRESS ORMOND BCH FL 32174 CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

SCOTT, TANI

25 AUTUMNWOOD TRAIL

ORMOND BEACH FL 32174

☐ Addition

FILED