2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004717

Entity Name: BMS CAT, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
303 ARTHI FORT WO	UR ST. PRTH, TX 7610				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
303 ARTHI FORT WO	UR ST. PRTH, TX 7610	7			
FEI Number:	61-1537529	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU ⁻ PLANTATI	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD US			
	named entity s e of Florida.	submits this statement for the p	surpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () SMITH, ROBER 303 ARTHUR ST FORT WORTH,	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MANSIR, DON 303 ARTHUR S' FORT WORTH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () BLACKMON, W 303 ARTHUR S' FORT WORTH,	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BLACKMON, KI 303 ARTHUR S' FORT WORTH,	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BLACKMON, GF 303 ARTHUR S' FORT WORTH,	Г.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT D. SMITH PT 03/19/2009