2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26948

Entity Name: CAT-CADD, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

111 RIVERSIDE AVE. 111 RIVERSIDE AVE.

JACKSONVILLE, FL 322314100 JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

111 RIVERSIDE AVE. 111 RIVERSIDE AVE.

JACKSONVILLE, FL 322314100 JACKSONVILLE, FL 32202 US

FEI Number: 59-2474071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLAPPEY, BRADFORD A 111 RIVERSIDE AVENUE JACKSONVILLE, FL 32202

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: HALVERSON, STEVEN T
Address: 111 RIVERSIDE AVENUE

Title: D (X) Change () Addition
Name: HALVERSON, STEVEN T
Address: 111 RIVERSIDE AVENUE

111 RIVERSIDE AVENUE

JACKSONVILLE, FL 32202

Address: 111 RIVERSIDE AVENUE

City-St-Zip: JACKSONVILLE, FL 32202 US

Title: SCFO () Delete Title: PD (X) Change () Addition Name: SLAPPEY, BRADFORD A Name: SLAPPEY, BRADFORD A

Name:SLAPPEY, BRADFORD AName:SLAPPEY, BRADFORD AAddress:111 RIVERSIDE AVENUEAddress:111 RIVERSIDE AVENUECity-St-Zip:JACKSONVILLE, FL 32202City-St-Zip:JACKSONVILLE, FL 32202

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: BRADFORD A SLAPPEY PD 04/30/2009