

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02826

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** CATHERINE WEBER AND ASSOCIATES, U.S., INC.

**Current Principal Place of Business:**

TH 8 - 4 PARADISE BLVD  
BRECHIN ON LOK1B0, CN

**New Principal Place of Business:**

**Current Mailing Address:**

TH 8 - 4 PARADISE BLVD  
BRECHIN ON LOK1B0, CN US

**New Mailing Address:**

**FEI Number:** 98-0086696      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOFSTRA, PETER T.  
8640 SEMINOLE BLVD  
SEMINOLE, FL 34642 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: DPS ( ) Delete  
Name: WEBER, CATHERINE,  
Address: TH 8 - 4 PARADISE BLVD.  
City-St-Zip: BRECHIN, ON LOK 1BO CANADA, CN

Title: DV ( ) Delete  
Name: WEBER, ROLAND,  
Address: TH 8- 4 PARADISE BLVD  
City-St-Zip: BRECHIN, ON LOK 1BO CANADA, CN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: WEBER, CATHERINE,  
Address: TH 8 - 4 PARADISE BLVD.  
City-St-Zip: BRECHIN, ON LOK 1BO CANADA, CN

Title: DV (X) Change ( ) Addition  
Name: WEBER, ROLAND,  
Address: TH 8- 4 PARADISE BLVD  
City-St-Zip: BRECHIN, ON LOK 1BO CANADA, CN

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: CATHERINE WEBER

DPS

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date