2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2006 08:00 AM Secretary of State **DOCUMENT # K20990** 1. Entity Name GABLES CATS, INC. Principal Place of Business Mailing Address C/D RICKIE EBANKS C/O RICKIE EBANKS 220 GRANELLO AVENUE 220 GRANELLO AVENUE CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 CR2E034 (11/05) 02132008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0042896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Π Fee Required 6. Name and Address of Current Registered Agent EBANKS, RICKIE H DO NOT WRITE 220 GRANELLO AVE. CORAL GABLES, FL 33146 IN THIS SPACE 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. DATE Signature, typed at printed name of registered egent and title if applicable fNOTE: Registered Agent signature regulard when remaining 3. Election Campaign Financing \$5.00 May Be FILE NOWIIL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE EBANKS, RICKIE H NAME STREET ADDRESS 17760 SW 176 ST U00000492104 04/19/06-80052-014 150.00 CITY-ST-ZIP MIAMI, FL 33187 BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the conporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

SIGNATURE (

NAME STREET ADDRESS City-ST-ZIP

STUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06

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