


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90183 024 \*\*\*\*50.00

<b>DOCUMENT # M03000002789</b>	
1. Entity Name CATWALK DISTRIBUTION, LLC	

Principal Place of Business 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496	Mailing Address 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496
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20023677

2. Principal Place of Business 824 E Atlantic Ave Suite, Apt. #, etc. Suite 7 City & State Delray Beach FL Zip 33483 Country USA	3. Mailing Address 824 E Atlantic Ave Suite, Apt. #, etc. Suite 7 City & State Delray Beach FL Zip 33483 Country USA
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02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1311477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOUNT, GREGORY J 6040 NW 43RD TERRACE BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Blount, Gregory J Street Address (P.O. Box Number is Not Acceptable) 824 E Atlantic Avenue Suite 7 City Delray Beach FL Zip Code 33483
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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.

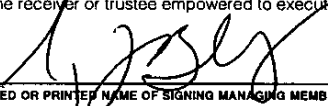
SIGNATURE  DATE 3/18/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOUNT, TRICIA 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blount, Tricia 824 E Atlantic Avenue Suite 7 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOUNT, GREGORY 6040 N.W. 43RD TERRACE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blount, Gregory J 824 E Atlantic Avenue Suite 7 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 3/18/05 DAYTIME PHONE # 561-279-4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE