2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000005902

1. Entity Name

KITTY RESORT INC.

Principal Place of Business	Mailing Address
16251 REILAND DR BROOKSVILLE FL 34601	P.O. BOX 174 ISTACHATTA FL 34636

1st MOORE   CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number   **NO-T APPLICABLE**   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPE, BETTY 16251 REILAND DR. BROOKSVILLE FL 34601	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25 **Due By May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Add
NAME	PHILLIPS, BETTY		NAME			
STREET ADDRESS	P.O. BOX 174		STREET ADDRESS			
CITY-ST-ZIP	ISTACHATTA FL 34636		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Add
NAME	TROSTL, NICK		NAME	H00000P01400		
STREET ADDRESS	P.O. BOX 174		STREET ADDRESS	01/28/05-80064-021 61.25		
CITY-ST-ZIP	ISTACHATTA FL 34636		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Add
NAME	HUET, CHERIE		NAME			
STREET ADDRESS	11223 LANDALE ST., APT. 101		STREET ADDRESS			
CITY-ST-ZIP	WEST TALUCA LAKE CA 91622		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Add
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 or supplemental report is true and accurate and that my 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 617, 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: *Betty Phillips*   1-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #