2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N02000003127

Entity Name: TREASURE COAST CAT CLUB, INC.

Current Principal Place of Business:

BARBARA SINBINE
17275 HAMMOCK LANE
FORT PIERCE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

BARBARA SINBINE
17275 HAMMOCK LANE
FORT PIERCE, FL 34987 US

New Mailing Address:

FEI Number: 59-3116037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARBARA, SINBINE
17275 HAMMOCK LANE
FORT PIERCE, FL 34987 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SINBINE, BARBARA
Address: 17275 HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34987

Title: VPD ( ) Delete
Name: BELFATTO, DIANA
Address: 505 SECOND AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S ( ) Delete
Name: SINBINE, BILL
Address: 17275 HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34987

Title: T ( ) Delete
Name: JOHNSON, MARICAVA
Address: 754 ALTURA ST
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: JOHNSON, MARICAVA
Address: 754 ALTURA ST
City-St-Zip: PORT ST LUCIE, FL 34952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SINBINE PD 01/25/2007

Electronic Signature of Signing Officer or Director — Date