2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003127

Entity Name: TREASURE COAST CAT CLUB, INC.

FILED Mar 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

BARBARA SINBINE 17275 HAMMOCK LANE FORT PIERCE, FL 34987 US

New Mailing Address: Current Mailing Address:

BARBARA SINBINE 17275 HAMMOCK LANE FORT PIERCE, FL 34987 US

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

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

BARBARA, SINBINE 17275 HAMMOCK LANE FORT PIERCE, FL 34987

US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition SINBINE, BARBARA DICKINSON, CAROL Name: Name: 17275 HAMMOCK LANE Address: 1251 SW 67TH TERRACE Address: City-St-Zip: FORT PIERCE, FL 34987 City-St-Zip: PLANTATION, FL 33317

Title: () Delete Title: () Change () Addition

BELFATTO, DIANA Name: Name: Address: 505 SECOND AVENUE Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

JOHNSON, MARICAVA SINBINE, BARBARA Name: Name: Address: 754 ALTURA ST Address: 17275 HAMMOCK LANE City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: FT. PIERCE, FL 34987

Title: () Delete Title: (X) Change () Addition

Name: JOHNSON, MARICAVA Name: KUEHNE, KAREN Address: 754 ALTURA ST Address: 2085 54TH AVENUE City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: VERO BEACH, FL 32966

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN KUEHNE MRS. 03/23/2008