2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005230

Entity Name: CAT CALL, INCORPORATED

Apr 17, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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P.O. BOX 6356 12427 WINDMILL COVE DRIVE BRANDON, FL 33508 RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

P.O. BOX 6356 BRANDON, FL 33508

FEI Number: 76-0718802 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:

KING, GRACE LAWTHER, LESLIE M 12427 WINDMILL COVE DRIVE 2902 STEARNS ROAD VALRICO, FL 33594 RIVERVIEW, FL 33569

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: LESLIE M. LAWTHER 04/17/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD (X) Change () Addition () Delete MABE, PAM LAWTHER, LESLIE M PRES. Name: Name: 516 HILLDALE ROAD Address: 12427 WINDMILL COVE DRIVE Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: RIVERVIEW, FL 33569 Title: TD Title: (X) Change () Addition () Delete

KING, GRACE Name: LAWTHER, LESLIE M TREAS. Name: Address: 2902 STEARNS ROAD Address: 12427 WINDMILL COVE DRIVE City-St-Zip: VALRICO, FL 33594 City-St-Zip: RIVERVIEW, FL 33569

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

CLARK, DEB SEC. CLARK, DEB Name: Name: 4410 OAK RIVER CIRCLE 4410 OAK RIVER CIRCLE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition GANDOLFO, DANA GANDOLFO, DANA BOARD Name: Name: 5917 FALCONWOOD PL 5917 FALCONWOOD PL Address: Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: LITHIA, FL 33547

Title: Title: () Change (X) Addition

() Delete MABE, PAM EX DIR Name: Name: 516 HILLDALE ROAD Address: Address: City-St-Zip: City-St-Zip: BRANDON, FL 33510

Title: () Delete Title: () Change (X) Addition LAWTHER, JULIAN C Name: Name: Address:

Address: 12427 WINDMILL COVE DRIVE RIVERVIEW, FL 33569 City-St-Zip: 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: LESLIE M. LAWTHER **PRES** 04/17/2007