

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009156

FILED
May 14, 2006
Secretary of State

Entity Name: CATALYTIC SERVICES, INC.

Current Principal Place of Business:

2693 S BALDWIN DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2693 S BALDWIN DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 13-4222848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MC AINDRIU, COLM
2693 S BALDWIN DR
TALLAHASSEE, FL 32309 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:

Title: PT () Delete
Name: MC AINDRIU, COLM
Address: 2693 S BALDWIN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CARD, APRIL
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D () Delete
Name: BARRON, KAREN
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D () Delete
Name: FITZPATRICK, ROBBIN
Address: P.O. BOX 16302
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: COLM MCAINDRIU

PRES

05/14/2006

Electronic Signature of Signing Officer or Director

Date