2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N03000000370

Entity Name: C.A.T.S.-C.A.N. , INC.

Current Principal Place of Business:

572 SEMINOLE WOODS BLVD.
GENEVA, FL 32732

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622543
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 68-0539788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AYOOB, PHYLLIS M
572 SEMINOLE WOODS BLVD.
GENEVA, FL 32732 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: P/D ( ) Delete
Name: AYOOB, PHYLLIS M
Address: 572 SEMINOLE WOODS BLVD.
City-St-Zip: GENEVA, FL 32732 US

Title: V/TS ( ) Delete
Name: AYOOB, ANDREW J
Address: 572 SEMINOLE WOODS BLVD
City-St-Zip: GENEVA, FL 32732 US

Title: D ( ) Delete
Name: MUSSER, JENNY
Address: 106 LONGHORN RD.
City-St-Zip: WINTER PARK, FL 32792 US

Title: D ( ) Delete
Name: POWELL, CYNTHIA
Address: 3690 BRANTON DR.
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete
Name: FEUVREL-PAYNE, LILLIAN
Address: 14015 FAIRWAY WILLOW LANE
City-St-Zip: WINTER GARDEN, FL 34787 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MUSSER, JENNY
Address: 5415 LAKE HOWELL ROAD #327
City-St-Zip: WINTER PARK, FL 32792 US

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 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 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: ANDREW J. AYOOB V/TS 04/23/2005

Electronic Signature of Signing Officer or Director — Date