2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2007
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:	T/S	( ) Delete
Name:	AYOOB, ANDREW J	
Address:	572 SEMINOLE WOODS BLVD	
City-St-Zip:	GENEVA, FL 32732 US	
Title:	D	( ) Delete
Name:	MUSSER, JENNY	
Address:	2780 LAKE HOWELL LN.	
City-St-Zip:	WINTER PARK, FL 32792 US	
Title:	V/D	( ) Delete
Name:	QUISENBERRY, DEBORAH	
Address:	7829 FOX KNOLL PL.	
City-St-Zip:	WINTER PARK, FL 32792 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FEUVREL-PAYNE, LILLIAN	
Address:	P.O. BOX 670	
City-St-Zip:	CORTEZ, FL 34215 US	

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: PHYLLIS M. AYOOB P/D 04/08/2007

Electronic Signature of Signing Officer or Director — Date