

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000370

FILED
Apr 21, 2008
Secretary of State

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: P.O. BOX 670
City-St-Zip: CORTEZ, FL 34215 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHYLLIS M. AYOOB

P/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date