

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State** <sup>ATX1</sup>

**DOCUMENT #** N03000003161

**1. Entity Name**

PB CATS, INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> PO Box 2922 Suite, Apt #, etc		<b>3. Mailing Address</b> PO Box 2922 Suite, Apt. #, etc,	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country	Zip 33480	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 13-4258430	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>FEE IS \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President Bethanne Pouncey PO Box 2922 Palm Beach, FL 33480	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **President** 1-30-06 (561) 329-9184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR