

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90069 008 \*\*\*\*61.25

<b>DOCUMENT # N03000003161</b> 1. Entity Name <b>PB CATS, INC.</b>					
Principal Place of Business <b>241 BRADLEY PLACE PALM BEACH, FL 33480</b>			Mailing Address <b>P.O. BOX 3132 PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LARUE, BRIAN M 214 BRAZILIAN AVE PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name <b>LARUE, BRIAN M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 CHILEAN AVE</b> <b>UNIT J</b> City <b>PALM BEACH</b> FL <b>33480</b>	
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 <span style="float: right;">1/09/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>CLONINGER, JEFFEREY A</b> <b>241 BRADLEY PL</b> <b>PALM BCH, FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN</b> <b>CLONINGER, JEFFEREY A.</b> <b>241 BRADLEY PLACE</b> <b>PALM BEACH, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>BRADLEY, CATHERINE</b> <b>165 ROOT TRAIL</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO</b> <b>LARUE, BRIAN N</b> <b>214 CHILEAN AVE</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>WAENER, JOANNE</b> <b>148 S COUNTY RD</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE CHAIRMAN</b> <b>WAGNER, JOANNE</b> <b>148 S. COUNTY RD</b> <b>PALM BEACH, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROSS, KATHERINE M</b> <b>4560 WORTH AVE</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>GAMMIND, SUSAN</b> <b>201 DEBRA LANE</b> <b>PALM BEACH, FL 33480</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/07/08 561-596-0997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		