2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

DOCUMENT # N0300009615 1. Enlity Name CAT DEPOT, INC.						03-21-2007)06 ****6	1.25
Principal Place of Business 3311 BAYOU SOUND LONGBOAT KEY, FL 34228		Mailing Address 46 N. WASHINGTON BLVD., STE. 1 SARASOTA, FL 34236							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02262007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		4. FEI Numbe 20-0217	7681		_ 	plied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	tegistered .	•	
LYP CORPORATE SERVICES, INC. (correct n			me)	LPS CORPORATE SERVICES, INC.					
46 NORTH	WASHINGTON BLVD., STE.	1			ss (P.O. Box Numbe				
<i>0,</i> 11 0 10 0 1	7,, 7 2 3 7233								
			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.								and accept	
SIGNATURE Signature, giped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, types or printed name or registered agent a	ind life if applicable. (NUTE: 1	Registered /	Agent signature requ	uired when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Camp	aign Fin	nancing	\$5.00 May B		lake chec	k payable to	
10.		9. Election Camp Trust Fund Co	paign Fin Intributio	nancing _	\$5.00 May Be Added to Fees	Floi	lake chec ida Depar	tment of Si	tate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	aign Fin	nancing _	\$5.00 May Be Added to Fees		lake chec ida Depar	tment of Si	tate
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayti