2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004609

FILED Apr 28, 2006 Secretary of State

Entity Name: C.A.T.C.H. 84, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
	E ISLAND RD # ON, FL 33324	/ 211			
Current Mailing Address:				New Mailing Address:	
771 N PINE ISLAND RD #211 PLANTATION, FL 33324				2255 GLADES RD. SUITE 340W BOCA RATON, FL 33431	
FEI Number:	20-2794984	FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
PRATT, DAVID ESQ PRATTT & BUCHER LLP 2255 GLADES RD SUITE 125A BOCA RATON, FL 33431 US				PRATT, DAVID ESQ PROSKAUER ROSE LLP 2255 GLADES RD SUITE 340W BOCA RATON, FL 33431 US	
The above in the State		ubmits this statement for the p	ourpose of	changing its registered o	ffice or registered agent, or both,
SIGNATURE:					04/28/2006
	Electron	ic Signature of Registered Age	ent		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CHAMBERS, CH PO BOX 231 DAVIE, FL 3332		1 4	Fitle: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () WASHINTON, S 707 BAYBERRY EDGEWOOD, M	'ROAD	1 4	Fitle: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () CHAMBERS, DA 4156 RUPLE AF SOUTH EUCLID	PT 3	1	Fitle: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () CHAMBERS, LII 2110 APPLE DE ECLID, OH 441	RIVE	1 4	Fitle: () Name: Address: City-St-Zip:	Change () Addition

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: CHRISTOPHER J. CHAMBERS 04/28/2006 D