2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N05000004609

Entity Name: C.A.T.C.H. 84, INC.

Current Principal Place of Business:

8551 WEST SUNRISE BLVD
SUITE 300
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8551 WEST SUNRISE BLVD
SUITE 300
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-2794984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREIT, RICHARD H
8551 WEST SUNRISE BLVD
STE 300
PLANTATION, FL 33322 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: D ( ) Delete
Name: CHAMBERS, CHRISTOPHER J
Address: PO BOX 231
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete
Name: WASHINGTON, SHIRLEY
Address: 707 BAYBERRY ROAD
City-St-Zip: EDGEWOOD, MD 21040

Title: D ( ) Delete
Name: CHAMBERS, DANIEL
Address: 4156 RUPLE APT 3
City-St-Zip: SOUTH EUCLID, OH 44121

Title: D ( ) Delete
Name: CHAMBERS, LINDA C
Address: 2110 APPLE DRIVE
City-St-Zip: ECLID, OH 44143

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:

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: CHRISTOPHER CHAMBERS D 02/05/2009

Electronic Signature of Signing Officer or Director — Date