

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004438

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: ISLAND CATS OF PB, INC.

## Current Principal Place of Business:

354 CHILEAN AVE., UNIT 5C  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 332  
PALM BEACH, FL 33480

## New Mailing Address:

FEI Number: 26-2554471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: BREYER, HENRY 3RD  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: MASON, ALLEN  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: LEAVITT, DAVID  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: CORBIN, JAN  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: MASON, ZELDA  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: ANLYAN, ALEXANDRA  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

## 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: D (X) Change ( ) Addition  
Name: ANLYAN, WILLIAM  
Address: 354 CHILEAN AVE., UNIT 5C  
City-St-Zip: PALM BEACH, FL 33480

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: ALLEN MASON

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date