

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009180

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** CATALYST RESOURCES INTERNATIONAL, INC.

**Current Principal Place of Business:**

20 ALDO ROAD  
BABSON PARK, FL 33827

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 198  
BABSON PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 26-3624540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOAK, SUSAN  
1558 GRACE LAKE CIRCLE  
LONGWOOD, FL 32750 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: CP ( ) Delete  
Name: GREENE, DAVID  
Address: P.O. BOX 198  
City-St-Zip: BABSON PARK, FL 33827

Title: VCVF ( ) Delete  
Name: GLENN, SAM  
Address: 1836 GRAVES ROAD  
City-St-Zip: STAMPING GROUND, KY 40379

Title: STD ( ) Delete  
Name: HOAK, SUSAN  
Address: 1558 GRACE LAKE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: COX, TIMOTHY  
Address: 2141 GREENWAY DRIVE NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: HODGES, STEPHEN  
Address: P.O. BOX 025339  
City-St-Zip: MIAMI, FL 33102

**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:

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: SUSAN HOAK

STD

02/11/2009

Electronic Signature of Signing Officer or Director

Date