


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N40179
 1. Entity Name
 FIESTA CAT FANCIERS, INC.



Principal Place of Business Mailing Address
 3912 99TH STREET WEST 3912 99TH STREET WEST
 BRADENTON, FL 34210 US BRADENTON, FL 34210 US



05162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3035879 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CEDAR, MARY A.
 3912 99TH ST WEST
 BRADENTON, FL 34210

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

000000367672
 05/19/05-80006-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CEDAR, MARY A 3912 99TH ST. WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, PATTI 4406 100TH ST W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWSON, STEVE P.O. BOX 6294 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, STEVE P.O. BOX 6294 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, CAROL P O BOX 6294 SARASOTA, FL 342786294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: Mary A. Cedar Date: 5/16/05 Daytime Phone #: 941-795-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR