2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004406

Entity Name: TROPICAL CATS, INC.

FILED Apr 15, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
130 N NOVA RD #135 ORMOND BEACH, FL 32174				124 N NOVA RD #135 ORMOND BEACH, FL 32174		
Current Mailing Address:				New Mailing Address:		
130 N NOVA RD #135 ORMOND BEACH, FL 32174				124 N NOVA RD #135 ORMOND BEACH, FL 32174		
FEI Number: 59-3603724 FEI Number Applied For ()) FEI Numb	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agei	nt: N	lame and	Address of New Re	gistered Agent:
SCOTT, TANI 130 N NOVA RD #135 ORMOND BEACH, FL 32174 US				SCOTT, TANI 124 N NOVA RD #135 ORMOND BEACH, FL 32174 US		
	named entity e of Florida.	submits this statement for	the purpose of c	changing it	s registered office or	registered agent, or both,
SIGNATURE:				04/15/2006		
	Electro	nic Signature of Registere	d Agent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (MCDANIEL, KE 1732 CLOVER MELBOURNE,	CIRCLE	N A	itle: lame: ddress: ity-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	D (GIALLOMBARI 1721 W. 1ST S ORANGE, FL	ST.	N A	itle: lame: ddress: ity-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	P (HAWK, PATRIO 320 E. BERES DELAND, FL 3	FORD AVE.	N A	itle: lame: ddress: ity-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	VP (SOGGE, PAM 1637 SLASH P OVEIDO, FL 3		N A	itle: lame: ddress: ity-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	ST (SCOTT, TANI 130 N NOVA R ORMOND BEA		N A	itle: lame: ddress: ity-St-Zip:	ST (X) Change SCOTT, TANI 124 N NOVA RD #135 ORMOND BEACH, FL 3	() Addition
Title: Name: Address: City-St-Zip:	D (TURNER, EMIL 1224 MAJESTI APOPKA, FL 3	C OAK DR.	N A	itle: ame: ddress: ity-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: TANI SCOTT ST 04/15/2006