

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004406

FILED
Mar 06, 2007
Secretary of State

Entity Name: TROPICAL CATS, INC.

Current Principal Place of Business:

124 N NOVA RD #135
ORMOND BEACH, FL 32174

New Principal Place of Business:

1223 DAVID DRIVE
DAYTONA BEACH, FL 32117

Current Mailing Address:

124 N NOVA RD #135
ORMOND BEACH, FL 32174

New Mailing Address:

1223 DAVID DRIVE
DAYTONA BEACH, FL 32117

FEI Number: 59-3603724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, TANI
124 N NOVA RD #135
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

FOGARTY, CAROL
1223 DAVID DRIVE
DAYTONA BEACH, FL 32117 US

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: CAROL FOGARTY

03/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDANIEL, KEITH
Address: 1732 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: GIALLOMBARDO, CYNTHIA
Address: 1721 W. 1ST ST.
City-St-Zip: ORANGE, FL 32763

Title: P () Delete
Name: HAWK, PATRICIA
Address: 320 E. BERESFORD AVE.
City-St-Zip: DELAND, FL 32724

Title: VP (X) Delete
Name: SOGGE, PAM
Address: 1637 SLASH PINE PL.
City-St-Zip: OVEIDO, FL 32765

Title: ST (X) Delete
Name: SCOTT, TANI
Address: 124 N NOVA RD #135
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: TURNER, EMILY
Address: 1224 MAJESTIC OAK DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAWK, PATRICIA
Address: 320 BERESFORD AV
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change () Addition
Name: CONNORS, JOAN
Address: 411 KNOT WAY
City-St-Zip: DELAND, FL 32724

Title: ST (X) Change () Addition
Name: FOGARTY, CAROL
Address: 1223 DAVID DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

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 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: CAROL FOGARTY

ST

03/06/2007

Electronic Signature of Signing Officer or Director

Date