

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# N98000004406

Entity Name: TROPICAL CATS, INC.

Current Principal Place of Business:

1223 DAVID DRIVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1223 DAVID DRIVE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-3603724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGARTY, CAROL
1223 DAVID DRIVE
DAYTONA BEACH, FL 32117 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: P () Delete
Name: HAWK, PATRICIA
Address: 320 BERESFORD AV
City-St-Zip: DELAND, FL 32724

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

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

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:

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: CAROL FOGARTY

ST

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date