


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000046859 1. Entity Name BATTERY CATALYST ASSEMBLIES, INC.	
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Principal Place of Business 1657 BROOKHOUSE CIRCLE, #154 SARASOTA, FL 34231	Mailing Address 1657 BROOKHOUSE CIRCLE, #154 SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1021585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELMAR, PAT 1657 BROOKHOUSE CIRCLE, #154 SARASOTA, FL 34231
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MAR, PETER 1657 BROOKHOUSE CIRCLE, #154 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MAR, PATRICIA 1657 BROOKHOUSE CIRCLE, #154 SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/04-80003-003 150.00

**DO NOT WRITE
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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)(i), 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 607, 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 empowered

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/5/04</u> <small>Daytime Phone # <u>941 418 4509</u></small>
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