2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104794

Entity Name: CATHERINES #5189, INC.

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Kilciness	NOW Principal Place of Bilgings

4100 WICKAM RD. MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

 3750 STATE ROAD 7-B13
 3750 STATE ROAD

 BENSALEM, PA 19020
 BSC TAX DEPT

 BENSALEM, PA 19020
 BENSALEM, PA 19020

FEI Number: 52-2357822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DVP (X) Change () Addition
Name: SULLIVAN, JOHN J
Address: 450 WINKS I N
Address: 3750 STATE RD

 Address:
 450 WINKS LN.
 Address:
 3750 STATE RD

 City-St-Zip:
 BENSALEM, PA 19020
 City-St-Zip:
 BENSALEM, PA 19020

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SPECTER, ERIC
 Name:
 SPECTER, ERIC

 Address:
 450 WINKS LN
 Address:
 3750 STATE RD

 City-St-Zip:
 BENSALEM, PA 19020
 City-St-Zip:
 BENSALEM, PA 19020

Title: VP () Delete Title: DVP (X) Change () Addition

 Name:
 GLUECK, NEAL
 Name:
 GLUECK, NEAL

 Address:
 450 WINKS LN
 Address:
 3750 STATE RD

 City-St-Zip:
 BENSALEM, PA 19020
 City-St-Zip:
 BENSALEM, PA 19020

Title: D () Delete Title: VPS (X) Change () Addition

 Name:
 MADWAY, LÌNDA
 Name:
 SMITH, THOMÁS

 Address:
 450 WINKS LN
 Address:
 3750 STATE RD

 City-St-Zip:
 BENSALEM, PA 19020
 City-St-Zip:
 BENSALEM, PA 19020

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL GLUECK DVP 04/13/2006