

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120834

Entity Name: YELLOW CAT ENTERPRISES, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

509 ST CROIX STREET
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

509 ST CROIX STREET
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 01-0567518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE SKINNER, TAMARA C
509 ST CROIX STREET
ST AUGUSTINE, FL 32095 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DE SKINNER, TAMARA C
Address: 509 ST CROIX STREET
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP () Delete
Name: SKINNER, JOSEPH
Address: 509 ST CROIX STREET
City-St-Zip: ST AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SKINNER, JOSEF
Address: 509 ST CROIX STREET
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAMARA DE SKINNER

DPST

04/13/2005

Electronic Signature of Signing Officer or Director

Date