



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P02000003938 1. Entity Name CATALYST SEMINARS & SPEAKERS, INC. | | | |  | | <div style="font-size: 1.2em;">FILED</div> <div style="font-size: 1.1em;">05 MAY -2 AM 8:46</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 2607 S. HANNON HILL DR. TALLAHASSEE, FL 32308 | | | | Mailing Address 2607 S. HANNON HILL DR. TALLAHASSEE, FL 32308 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent MANNING, ALTHA F 2607 S. HANNON HILL DR. TALLAHASSEE, FL 32308 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | |
| 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> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MANNING, ALTHA F 2607 S. HANNON HILL DR. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; text-align: center;">200054665762</div> <div style="font-size: 0.8em; text-align: center;">05/17/05--01016--020 ***150.00</div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-05

Date

850-766-5586

Daytime Phone #

6