


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90010 022 \*\*\*150.00

**DOCUMENT # P02000011511**

1. Entity Name  
**THE CATTTL, INC.**



Principal Place of Business  
**926 SIESTA DRIVE  
 ELLENTON, FL 34222**

Mailing Address  
**% MICHELE S STEPHAN, CHARTERED  
 101 W VENICE AVE, SUITE 8  
 VENICE, FL 34285**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**Graves & Stephan, Chartered  
 2033 WOOD STREET, Suite 200**

City & State  
**Sarasota, FL 34237**

4. FEI Number  
**02-0569150**

Applied For  
 Not Applicable

Zip  
**34237**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEPHAN, MICHELE S ESQ  
 101 W VENICE AVENUE  
 SUITE 8  
 VENICE, FL 34285**

**7. Name and Address of New Registered Agent**

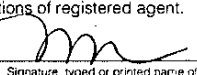
Name  
**Graves & Stephan, Chartered**

Street Address (P.O. Box Number is Not Acceptable)  
**2033 WOOD STREET SUITE 200**

City  
**Sarasota**

FL Zip Code  
**34237**

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  **Michele Stephan, President Graves & Stephan, Chd.** DATE **3/16/06**

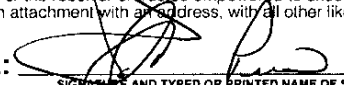
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RONZIO, CHARLES 926 SIESTA DRIVE ELLENTON, FL 34222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3/16/06** Daytime Phone # **941-953-6720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40034253



03162006 Chg-P CR2E034 (11/05)