


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P03000000165 1. Entity Name CATAMOUNT, INC. |  |
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| Principal Place of Business 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 | Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 |
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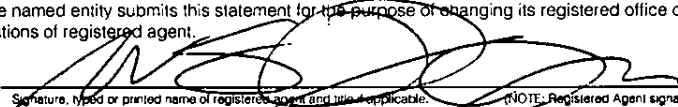
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03042008 No Chg-P CR2E034 (11/05)

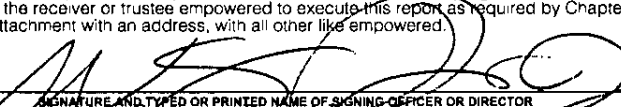
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| 4. FEI Number 65-1166110 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARIO G. DE MENDOZA, III, PA 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 |
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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  DATE <u>4-18-08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 0000000914522 05/08/08-80061-014 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AS DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST DEVON, SCOTT 12765 FOREST HILL BLVD., STE 1302 WELLINGTON, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT DEVON, TERRI 12765 FOREST HILL BLVD., STE 1302 WEST PALM BEACH, FL 33414 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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| 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 <u>4-18-08</u> DAYTIME PHONE # <u>666 481-5710</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |