


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90075 050 ***150.00

DOCUMENT # P03000003639
 1. Entity Name
CAT-MAGNETICS, INC.



Principal Place of Business
 7917 ABINGTON HILLS LN
 JACKSONVILLE FL 32256

Mailing Address
NEW ADDRESS
 328 Clearwater Drive
 Ponte Vedra Beach, Florida
 32082



2. Principal Place of Business
328 Clearwater DR.

3. Mailing Address
SAME

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Ponte Vedra, FL

City & State

4. FEI Number
11-3671779

Applied For
 Not Applicable

Zip
32082

Country
ST. JOHN'S

Zip

Country

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

6. Name and Address of Current Registered Agent

DEBIASE, JOHN
NEW ADDRESS
 328 Clearwater Drive
 Ponte Vedra Beach, Florida
 32082

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 *John J. DeBiase* **president (JOHN J. DEBIASE)** **2-8-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEBIASE, JOHN J 7917 ABINGTON HILLS LN JACKSONVILLE FL 32256 <i>see above</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARRETT, DAVID W 7917 ABINGTON HILLS LN JACKSONVILLE FL 32256 <i>see above</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 Section 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: *John J. DeBiase* **(JOHN J. DEBIASE - PRESIDENT)** **2-8-06** **904-66-7944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #