## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000052813

Entity Name: MAUREEN CATHERINE, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

811 MALIBU LANE 15090 NW OAKMONT LOOP INDIALANTIC, FL 32903

SUITE 143

BEAVERTON, OR 97006

**Current Mailing Address: New Mailing Address:** 

15090 NW OAKMONT LOOP 811 MALIBU LANE INDIALANTIC, FL 32903 SUITE 143

BEAVERTON, OR 97006

FEI Number: 75-3128326 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EVERETTE, MAUREEN MOON, CATHERINE R V.P. 811 MALIBÚ LANE 15090 NW OAKMONT LOOP INDIALANTIC, FL 32903 US SUITE 143 BEAVERTON, FL 97006 US

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: CATHERINE R. MOON 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete EVERETTE, MAUREEN Name: 811 MALIBU LANE Address: City-St-Zip: INDIALANTIC, FL 32903

Title: () Delete Name: MOON, CATHERINE 15090 NW OAKMONT LOOP Address: BEAVERTON, OR 97006 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS (X) Change ( ) Addition EVERETTE, MAUREEN PRES. Name:

811 MALIBU LANE Address: City-St-Zip: INDIALANTIC, FL 32903

Title: V.P (X) Change ( ) Addition

MOON, CATHERINE V.P. Name: Address: 15090 NW OAKMONT LOOP BEAVERTON, OR 97006 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CATHERINE R. MOON V.P. 04/26/2006