

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90103 038 \*\*\*150.00

<b>DOCUMENT # P03000053532</b> 1. Entity Name <b>JAVA CAT INC.</b>			
Principal Place of Business <b>100 GRINNELL ST. BERTH E - PIER 01 KEY WEST, FL 33040</b>		Mailing Address <b>811 UNITED ST. STE. 2 KEY WEST, FL 33040</b>	
2. Principal Place of Business <b>817 CENTER STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 4036</b> Suite, Apt. #, etc.	
City & State <b>KEY WEST FL</b> Zip <b>33040</b>		City & State <b>KEY WEST FL</b> Zip <b>33041-4036</b>	
Country <b>MONROE</b>		Country <b>MONROE</b>	
4. FEI Number <b>57-1165564</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEIDNER, VICTORIA 811 UNITED STREET APARTMENT #2 KEY WEST, FL 33040</b>		7. Name and Address of New Registered Agent Name <b>LINDA K. CONDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>817 CENTER STREET</b> City <b>KEY WEST</b> FL Zip Code <b>33040</b>	
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  <b>04/05/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD	TITLE	VPD
NAME	KEITH, RICHARD	NAME	
STREET ADDRESS	201 WILLIAM STREET BERTH E, PIER 1	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	STD	TITLE	S/P/D
NAME	CONDON, LINDA K	NAME	
STREET ADDRESS	817 CENTER STREET	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	DOBBINS, DAVID	NAME	
STREET ADDRESS	811 UNITED ST., STE. 2	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  <b>President</b> <small>SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>04/05/2006</b> <b>305/304-5719</b> <small>Date Daytime Phone #</small>	