


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

|  |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| <b>DOCUMENT # P03000074127</b><br>1. Entity Name<br><b>CATBIRD II, INC.</b>  |   |                                 |   |   |  |
| Principal Place of Business<br><b>8725 PLACIDA ROAD<br/>SUITE #2<br/>PLACIDA FL 33946</b>  |   |                                 | Mailing Address<br><b>8725 PLACIDA ROAD<br/>SUITE #2<br/>PLACIDA FL 33946</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                     |  |  |
| City & State   |   |                                 | City & State  |  |  |
| Zip  |   | Country                         |   | Zip  |  |
| Country  |   | Country                         |   | 4. FEI Number <b>43-2020295</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DICKINSON, ROBERT A<br/>460 SOUTH INDIANA AVENUE<br/>ENGLEWOOD FL 34223</b>  |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when converting)</small>  |   |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |   | 9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/>   |  |
| 10. OFFICERS AND DIRECTORS   |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROS, CATHERINE ANN<br>129 WAYNE ROAD<br>ROTONDA WEST FL 33947 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000533048</b><br><b>05/06/06-80103-012 150.00</b>                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BROS, ROBIN LYNN<br>129 WAYNE ROAD<br>ROTONDA WEST FL 33947    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |



1st MOORE CR2E034 (10/05)

**\$8.75** Additional Fee Required

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:**

*Catherine Ann Bros* **CATHERINE ANN BROS** 04/29/06 - 9446974262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #