

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149533

FILED
Mar 26, 2006
Secretary of State

Entity Name: CONTINENTAL CATASTROPHE CO.

Current Principal Place of Business:

1103 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1103 S. THIRD STREET
SUITE B
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1103 S. THIRD STREET
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

P.O. BOX 330799
ATLANTIC BEACH, FL 32233

FEI Number: 20-4561832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, CHRISTOPHER
865 OCEAN BLVD.
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLELAND, PATRICIA
Address: 1103 S. THIRD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLELAND, PATRICIA
Address: P.O. BOX 17213
City-St-Zip: JACKSONVILLE, FL 32245

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: PATRICIA CLELAND

D

03/26/2006

Electronic Signature of Signing Officer or Director

Date