

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157104

Entity Name: MEERCAT, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

1930 NW 105 AVENUE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

1930 NW 105 AVENUE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 57-1196071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALATAK, MARK A CPA
1489 NW 126 WAY
SUNRISE, FL 33323-319 US

Name and Address of New Registered Agent:

YODER, MICHAEL A
1930 NW 105 AVE
PEMBROKE PINES, FL 33026 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: MICHAEL YODER

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YODER, MICHAEL
Address: 1930 NW 105 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP () Delete
Name: YODER, CORINNE
Address: 1930 NW 105 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL YODER

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date