2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P04000028930

Entity Name: CATALINA FAMILY PARTNERS, INC.

Current Principal Place of Business:

13833 WELLINGTON TRACE
SUITE 455
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13833 WELLINGTON TRACE
SUITE 455
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-1642816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, AL
13833 WELLINGTON TRACE
SUITE 455
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

BOYD, LENYCE
13833 WELLINGTON TRACE
SUITE 455
WELLINGTON, FL 33414 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: LENYCE BOYD 02/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOYD, ALBERT
Address: 13833 WELLINGTON TRACE, SUITE 455
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BOYD, LENYCE
Address: 13833 WELLINGTON TRACE, SUITE 455
City-St-Zip: WELLINGTON, FL 33414

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: LENYCE BOYD PRES 02/05/2009
Electronic Signature of Signing Officer or Director Date