,2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P04000085445 CATANZARO SERVICES, INC. Principal Place of Business Mailing Address 31 SPRINGDALE CIRCLE 31 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 No Chg-P CR2E034 (11/05) 01062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1184927 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MEYERS, JULIE A EA DO NOT WRITE 19916 COURT OF THE LIONS BOCA RATON, FL 33434 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (IVOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CATANZARO, TIMOTHY J NAME 31 SPRINGDALE CIRCLE STREET ADDRESS CITY-ST-ZIP PALM SPRINGS, FL 33461 000000535157 NAME 05/08/06-80042-020 150.00 STREET ADDRESS CITY-ST-ZIP TISLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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Daytime Phone #

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE: