2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136540

Entity Name: CATCH THE BIG FISH CONSULTANCY, INC.

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1300 ST. CHARLES PLACE SUITE #603 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

1300 ST. CHARLES PLACE SUITE #603 PEMBROKE PINES, FL 33026

FEI Number: 20-1314563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARTOLONE, ALDO G JR.

100 SE 3RD AVENUE

SUITE 1100

SPANNER, SELWYN A
1300 ST. CHARLES PLACE
SUITE #603

FORT LAUDERDALE, FL 33394 US 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: SELWYN ALPHONSE SPANNER 03/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SPANNER, SELWYN A
 Name:

 Address:
 1300 ST. CHARLES PLACE #603
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SPANNER, OCTAVIEN A
 Name:

 Address:
 9471 PALM CIRCLE NORTH
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33026
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GUMBS, SHEFFIELD
 Name:

 Address:
 1443 GLABWICK STREET
 Address:

 City-St-Zip:
 CARSON, CA 90746
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SELWYN ALPHONSE SPANNER O/D 03/30/2005