

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136540

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** CATCH THE BIG FISH CONSULTANCY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 80-0128886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPANNER, SELWYN A  
1300 ST. CHARLES PLACE  
SUITE #603  
PEMBROKE PINES, FL 33026 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: SPANNER, SELWYN A  
Address: 1300 ST. CHARLES PLACE #603  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: SPANNER, OCTAVIEN A  
Address: 9471 PALM CIRCLE NORTH  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: GUMBS, SHEFFIELD  
Address: 1443 GLABWICK STREET  
City-St-Zip: CARSON, CA 90746

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

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

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: SELWYN ALPHONSE SPANNER

D

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date