

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90056 004 \*\*\*158.75

<b>DOCUMENT # P04000138402</b>					
<b>1. Entity Name</b> COMMUNITY CATALYST INC.					
<b>Principal Place of Business</b> 200 STARCREST DRIVE 314 CLEARWATER, FL 33765			<b>Mailing Address</b> 200 STARCREST DRIVE 314 CLEARWATER, FL 33765		
<b>2. Principal Place of Business</b> 2625 State Road 590 Suite, Apt. #, etc. 1712		<b>3. Mailing Address</b> 2625 State Road 590 Suite, Apt. #, etc. 1712			
<b>City &amp; State</b> Clearwater Florida Zip 33759		<b>City &amp; State</b> Clearwater Florida Zip 33759		<b>4. EE Number</b> 32-0134129	
<b>Country</b> USA		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DEGEN, DANIEL C 200 STARCREST DRIVE 314 CLEARWATER, FL 33765			<b>7. Name and Address of New Registered Agent</b> Name: Daniel C. Degen Street Address (P.O. Box Number is Not Acceptable): 2625 State Road 590 #1712 City: Clearwater FL Zip Code: 33759		
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: Dan Degen <i>[Signature]</i> DATE: 2/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <input checked="" type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: P/T/S STREET ADDRESS: Dan Degen CITY-ST-ZIP: 2625 State Road 590 #1712 Clearwater, FL 33759		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> Dan Degen			2/14/05 727-459-6677 <small>Date Daytime Phone #</small>		