

FILED ANNUAL REPORT May 01, 2006 08:00 Al DOCUMENT # P04000173585 **Secretary of State** 1. Entity Name CRANKY CAT, INC. Principal Place of Business Mailing Address 1734 SE PORT ST LUCIE BLVD. 1734 SE PORT ST LUCIE BLVD. PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 59-3792646 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JENSEN, DEBORAH 1626 SW TAURUS LN PORT ST LUCIE, FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSD** TITLE JENSEN, DEBORAH NAME 1734 SE PORT ST LUCIE BLVD. STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34952 TITLE 000000553047 05/15/06-80035-015 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP