

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000057802

Entity Name: DEADCATBOUNCE,INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

960 SWALLOW AVENUE  
#203  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

960 SWALLOW AVENUE  
#203  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 20-2830176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLLMAN, EDWARD E  
5129 CASTELLO DRIVE  
SUITE 1  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SORRENTINO, FREDERICK J  
Address: 960 SWALLOW AVENUE, #203  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S  
Name: SORRENTINO, SUSAN  
Address: 960 SWALLOW AVE 203  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby 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 all other like empowered.

SIGNATURE: SUSAN SORRENTINO

SECR

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date