


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2007 8:00 am
Secretary of State

03-20-2007 90014 034 ***150.00
08-17-2007 90030 044 ***150.00

DOCUMENT # P06000069106

1. Entity Name
CATASTROPHE CONTRACTORS OF AMERICA, INC.



Principal Place of Business
**5117 NW 57TH WAY
CORAL SPRINGS, FL 33067**

Mailing Address
**5117 NW 57TH WAY
CORAL SPRINGS, FL 33067**


2. Principal Place of Business - No P.O. Box #
15534 W. Hardy St., Suite 165

3. Mailing Address
314 Sawdust Rd.

Suite, Apt. #, etc. **Suite 165** Suite, Apt. #, etc. **Suite 205**

City & State **Houston, Texas** City & State **The Woodlands, Texas**

Zip **77060** Country **USA** Zip **77380** Country **USA**



07032007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4877991** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERTOLINI, MICHELLE S
3720 COCONUT CREEK PARKWAY
SUITE D
COCONUT CREEK, FL 33066**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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)

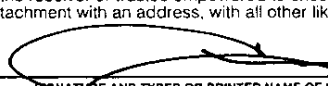
**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Car **314 Sawdust Rd.** **\$5.00** May Be
Trust Fund Contribution. Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSK, DONALD 5117 NW 57TH WAY CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Husk, Donald 18949 Bandera Trail Magnolia, Texas 77355 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE:  **Donald Husk, President** **7/5/7** **(954) 830-8007**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR