

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095369

FILED
Feb 05, 2007
Secretary of State

Entity Name: CATRINA BROWN ENTERPRISES INC

Current Principal Place of Business:

146 SW EULER AVE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

1896 SW JAMESPORT DRIVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

146 SW EULER AVE
PORT ST LUCIE, FL 34953

New Mailing Address:

1896 SW JAMESPORT DRIVE
PORT ST LUCIE, FL 34953

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, CATRINA L
146 SW EULER AVE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BROWN, CATRINA L
1896 SW JAMESPORT DRIVE
PORT ST LUCIE, FL 34953 US

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: CATRINA BROWN

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, CATRINA L
Address: 146 SW EULER AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CATRINA L
Address: 1896 SW JAMESPORT DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: CATRINA BROWN

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date