

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086753

FILED
Apr 30, 2008
Secretary of State

Entity Name: CATALYST MORTGAGE AND CONSULTING INC.

Current Principal Place of Business:

15108 MEADOWLAKE STREET
ODESSA, FL 33556

New Principal Place of Business:

8108 OLD HIXON ROAD
SUITE 104
TAMPA, FL 33626

Current Mailing Address:

15108 MEADOWLAKE STREET
ODESSA, FL 33556

New Mailing Address:

8108 OLD HIXON ROAD
SUITE 104
TAMPA, FL 33626

FEI Number: 26-0609366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCNY, PETER P
15108 MEADOWLAKE STREET
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOCNY, PETER P
Address: 15108 MEADOWLAKE STREET
City-St-Zip: ODESSA, FL 33556

Title: ST () Delete
Name: MOCNY, STACEY
Address: 15108 MEADOWLAKE STREET
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER P. MOCNY

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date