
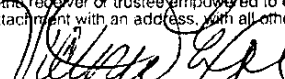


**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

60024787

<b>DOCUMENT # P07000128176</b>						<b>Secretary of State</b>																	
1. Entity Name <b>CATCHER'S MITT, INC.</b>				04-16-2008 90034 038 ***150.00																			
Principal Place of Business <b>4525-A BEE RIDGE ROAD SARASOTA, FL 34233</b>				Mailing Address <b>46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236</b>																			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																			
Suite, Apt. #, etc.				Suite, Apt. #, etc.																			
City & State				City & State																			
Zip		Country		Zip		Country																	
6. Name and Address of Current Registered Agent <b>LPS CORPORATE-SERVICES, INC. 46 NORTH WASHINGTON BLVD., STE. 1 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE:</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
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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:  <b>VICTORIA ENGEL Pres.</b> 4/10/08 941 5878826 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							