

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000043470

FILED
May 14, 2008
Secretary of State**Entity Name:** CATERING ASSOCIATES, INC.**Current Principal Place of Business:**1840 S 900 W
LEHI, UT 84043**New Principal Place of Business:****Current Mailing Address:**1840 S 900 W
LEHI, UT 84043**New Mailing Address:****FEI Number:** 26-2561287**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROOKS, FRANK
429 LENOX AVENUE
MIAMI BEACH, FL 33139 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:** CEO () Delete
Name: DOOLEY, SHARALEE
Address: 1840 S 900 W
City-St-Zip: LEHI, UT 84043**Title:** TRE (X) Delete
Name: WILLIAMS, JACQUELYN
Address: 5327 NORTHFIELD ROAD
City-St-Zip: BEDFORD HTS., OH 44146**Title:** CFO () Delete
Name: DOOLEY, JEFFREY RYAN
Address: 1840 S 900 W
City-St-Zip: LEHI, UT 84043**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: SHARALEE DOOLEY

CFO

05/14/2008

Electronic Signature of Signing Officer or Director_____
Date