2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271453

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

JONES, ALAN

P O BOX 13966

DURHAM, NC 27709

MCGUIRE, SCOTT

530 FENTRESS BLVD

DAYTONA BEACH, FL 32114

(X) Delete

Entity Name: CTG INNOVATION, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
530 FENTRESS BLVD. DAYTONA BCH., FL 321141210				OLIA AVENUE BEACH, FL 32114 US		
Current Mailing Address:			New Mailing Address:			
530 FENTRESS BLVD. DAYTONA BCH., FL 321141210			P.O. BOX 11585 DAYTONA BEACH, FL 32120 US			
FEI Number:	59-1028965	FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
PALEMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BCH., FL 32114 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: Electronic Signature of Registered Agent Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIR	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOD EZZELL, EU 530 FENTRI DAYTONA E		Title: Name: Address: City-St-Zip:	DCP (X) Change () Addition EZZELL, EUGENE E 530 FENTRESS BLVD. DAYTONA BEACH, FL 32114 US		
Title: Name: Address: City-St-Zip:	VPST BURGESS, 530 FENTRI DAYTONA E		Title: Name: Address: City-St-Zip:	DVST (X) Change () Addition BURGESS, DENNIS P 530 FENTRESS BLVD DAYTONA BEACH, FL 32114 US		
Title: Name: Address: City-St-Zip:	150 MAGNO	() Delete NATHAN D JR DLIA AVENUE EACH, FL 32114	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition MCGUIRE, SCOTT 530 FENTRESS BLVD. DAYTONA BEACH, FL 32114 US		
Title: Name: Address: City-St-Zip:	D CLARE, PAU 1327 N US ² ORMOND B		Title: Name: Address: City-St-Zip:	() Change () Addition		
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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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: DENNIS P. BURGESS VP 04/10/2007

() Change () Addition