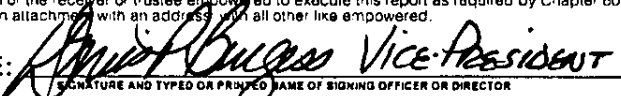


FILED
May 22, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 271453 1. Entity Name CTG INNOVATION, INC.			
Principal Place of Business 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 US		Mailing Address P.O. BOX 11585 DAYTONA BEACH, FL 32120 US	
DO NOT WRITE IN THIS SPACE			
		05162008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1028965	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALEMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BCH., FL 32114		DO NOT WRITE IN THIS SPACE	
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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000951982 06/04/08-80061-012 550.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST ZIP	DCP EZZELL, EUGENE E 530 FENTRESS BLVD. DAYTONA BEACH, FL 32114		
TITLE NAME STREET ADDRESS CITY ST ZIP	OVST BURGESS, DENNIS P 530 FENTRESS BLVD DAYTONA BEACH, FL 32114		
TITLE NAME STREET ADDRESS CITY ST ZIP	DV MCGUIRE, SCOTT 530 FENTRESS BLVD. DAYTONA BEACH, FL 32114		
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
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:  Vice-President		Date 5/19/08	Daytime Phone # 386-252-1151 x 4239