


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000079398
 1. Entity Name
CCDT GROUP, INC.



Principal Place of Business 17939 LAKE ESTATES DRIVE BOCA RATON, FL 33496	Mailing Address C/O STUART J. HAFT P O BOX 431 PALM BEACH, FL 33480
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1075885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAFT, STUART J ESQ
 C/O ALLEY, MAASE, ROGERS & LINDSAY, P.A.
 321 ROYAL POINCIANA PLAZA SOUTH
 PALM BEACH, FL 33480**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOBEL, SAMUEL 17939 LAKE ESTATES DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/19/04-80059-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR