
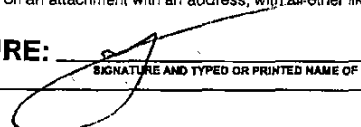


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILE

2007 JUN -4 PM 3:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F05000004148			
1. Entity Name CTM ENTERPRISES, INC. OF NEVADA			
Principal Place of Business 3990 PONDEROSA WAY 6620 West Arby Ave. LAS VEGAS, NV 89118		Mailing Address 3990 PONDEROSA WAY 6620 West Arby Ave. LAS VEGAS, NV 89118	
2. Principal Place of Business - No P.O. Box # 6620 West Arby Ave.		3. Mailing Address 6620 West Arby Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Las Vegas, NV		City & State Las Vegas, NV	
Zip 89118	Country	Zip 89118	Country
4. FEI Number 88-0383896		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ZIMMER, MICHAEL K 3990 PONDEROSA WAY 6620 West Arby Ave. LAS VEGAS, NV 89118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000104433490 06/15/07--01059--002 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JONES, JEANNE 3990 PONDEROSA WAY 6620 West Arby Ave. LAS VEGAS, NV 89118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SHAW, MICHAEL 3990 PONDEROSA WAY 6620 West Arby Ave. LAS VEGAS, NV 89118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MICHAEL K. ZIMMERMAN 5/23/07 702-386-0703 PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	