


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 027 ***150.00

DOCUMENT # F07000005792					
1. Entity Name C-TONIC CORP.					
Principal Place of Business 261 LAKEVIEW AVENUE ROCKVILLE CENTRE, NY 11570			Mailing Address 261 LAKEVIEW AVENUE ROCKVILLE CENTRE, NY 11570		
2. Principal Place of Business - No P.O. Box # 44 TIGGA WALK		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BREEZY POINT, NY		City & State		4. FEI Number 57-1239377	
Zip 11697		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			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 <u>Thomas M. McNicholas</u> 4/18/08 <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 PSD NAME MCNICHOLAS, THOMAS MARTIN STREET ADDRESS 261 LAKEVIEW AVENUE CITY - ST - ZIP ROCKVILLE CENTRE, NY 11570	<input type="checkbox"/> Delete		TITLE PSD NAME MCNICHOLAS, THOMAS MARTIN STREET ADDRESS 44 TIGGA WALK CITY - ST - ZIP BREEZY POINT, NY 11697	<input checked="" 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	
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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: <u>Thomas M. McNicholas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/08		516-314-6192