


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 035 ***150.00

DOCUMENT # F94000002676	
1. Entity Name C.T. CONSULTING COMPANY	

Principal Place of Business 800 WORLD TRADE CENTER NORFOLK, VA 23510	Mailing Address 800 WORLD TRADE CENTER NORFOLK, VA 23510 8799-B Tamiami Trail N. Naples, FL 34108
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1562189	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

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

**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 \$150.00
After May 1, 2006 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	PD O'LEARY, RICHARD 421 W. BUTE STREET NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'LEARY, RICHARD <i>BARBARA</i> 421 W. BUTE STREET NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAYNE, CHARLES 3357 HERON GATE VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMD BABKA, DINA 8799-B TAMAMIAMI TRAIL NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Dina Babka* *Dina Babka Regional Mgr.* *4/25/06* *239 597-6900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #