2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 25, 2007 08:00 All Secretary of State DOCUMENT # P00000025175 1. Entity Name CERTIFIED TRANSLATORS AND INTERPRETERS, INC. Principal Place of Business Mailing Address 23738 PEACE PIPE COURT 23738 PEACE PIPE COURT LUTZ, FL 33559 LUTZ, FL 33559 CR2E034 (11/05) 04212007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3640891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS **PSTD** MLE NAME **FUENTES, CARLOS A** STREET ADDRESS 23738 PEACE PIPE COURT 00000073142b. 405709707-80004±015 CITY-ST-ZIP LUTZ, FL 33559 VD TITLE FUENTES, MARTHA H NAME 23738 PEACE PIPE COURT STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33559 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZEP HILE IN THIS SPACE 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.

MLE NAME STREET ADDRESS CITY-ST-ZIP