

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083684

Entity Name: CCDT INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

5364 NW 122 DR
CORAL SPRINGS, FL 33068

New Principal Place of Business:

5364 NW 122 DR
CORAL SPRINGS, FL 33076

Current Mailing Address:

5364 NW 122 DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 65-1041310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAZAKS, GARY
5364 NW 122 DRIVE
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

KAZAKS, GARY
5364 NW 122 DRIVE
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KAZAKS, GARY
Address: 5364 NW 122 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPT () Delete
Name: KAZAKS, STEPHANIE
Address: 5364 NW 122 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KAZAKS

PS

04/30/2005

Electronic Signature of Signing Officer or Director

Date