

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90264 034 ***150.00

DOCUMENT # P01000089260 1. Entity Name CTG HOLDINGS, INC.					
Principal Place of Business 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444			Mailing Address 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444		
2. Principal Place of Business 1446 NW BOCA RATON BLVD		3. Mailing Address SAME			
Suite, Apt. #, etc. #110		Suite, Apt. #, etc.			
City & State BOCA RATON		City & State			
Zip 33432	Country USA	Zip	Country	4. FEI Number 30-0061558	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LHOTA, DAVID P ESQ C/O STREARNS, WEAVER, MILLER, WEISSLER 200 EAST BROWARD BLVD STE 1900 FT LAUDERDALE, FL 33301			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D PETRUZZI, CHARLES 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENBE, GREG 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRUZZI, ANTHONY 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENBE, CLIFF 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		4/28/04		SB1.826-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	