

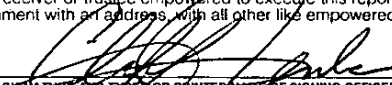


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90158 008 ***150.00

DOCUMENT # P01000089260 1. Entity Name CTG HOLDINGS, INC.					
Principal Place of Business 1446 NW BOCA RATON BLVD., #110 BOCA RATON, FL 33432			Mailing Address 660 LINTON BLVD STE 206G DELRAY BEACH, FL 33444		
2. Principal Place of Business 2965 SW 22ND AVE Suite, Apt. #, etc. 207		3. Mailing Address SAME Suite, Apt. #, etc.		 04272006 Chg-P CR2E034 (11/05)	
City & State DELRAY BEACH FL		City & State			
Zip 33445 Country USA		Zip Country			
4. FEI Number 30-0061558				Applied For <input type="checkbox"/> Not Applicable	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		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.			
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 PETRUZZI, CHARLES 2965 SW 22 AVE #207 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SIGNATURE:  CLIFF PENBE 4/26/06 561-756-7015 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
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 PENBE, GREG 2965 SW 22 AVE #207 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 PETRUZZI, ANTHONY 2965 SW 22 AVE #207 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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