

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119687

Entity Name: C-THRU GRIPS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

103 COMMERCE STREET
#120
LAKE MARY, FL 32746

Current Mailing Address:

103 COMMERCE STREET
#120
LAKE MARY, FL 32746

New Principal Place of Business:

1806 33RD ST.
#120
ORLANDO, FL 32839

New Mailing Address:

1806 33RD ST.
#120
ORLANDO, FL 32839

FEI Number: 32-0000671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENE, JOHN S
100 EAST SYBELIA AVENUE
SUITE #205
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

SCHOENE, JOHN S
230 LOOKOUT PLACE
SUITE #200
MAITLAND, FL 32751 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCAS, SHAWN D
Address: 103 COMMERCE STREET, #120
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Delete
Name: FRANK, BRUCE
Address: 103 COMMERCE STREET, #120
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: BYRD, JAMES JR
Address: 103 COMMERCE STREET
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: NOVAK, MIKHAIL
Address: 103 COMMERCE STREET, #120
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NOVAK, MIKHAIL
Address: 1806 33RD ST. SUITE 120
City-St-Zip: ORLANDO, FL 32839

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

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: MIKHAIL NOVAK

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date