


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90071 037 ***150.00

DOCUMENT # P03000000929		
1. Entity Name CET HOLDINGS, INC.		

Principal Place of Business 44326 CROOS COUNTRY BLVD. ALTOONA, FL 32702	Mailing Address 44326 CROOS COUNTRY BLVD. ALTOONA, FL 32702
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2. Principal Place of Business No P.O. Box # 44326 Cross Country Blvd	3. Mailing Address Post Office Box 1270
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ALTOONA Florida	City & State ALTOONA Florida
Zip 32702	Zip 32702
Country	Country

40002088



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 03-0504321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, C EDWARD 44326 CROOS COUNTRY BLVD. ALTOONA, FL 32702	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 44326 Cross Country Blvd City ALTOONA FL Zip Code 32702
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, C EDWARD 44326 CROSS COUNTRY BLVD. ALTOONA, FL 32702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Ed Thomas 1/9/07 352 771-5903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #