

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-11-2008 90071 037 ***150.00

DOCUMENT # P0300000929
 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

40002088



2. Principal Place of Business, No P.O. Box #: 44326 Cross Country Blvd
 Suite, Apt. #, etc.
 3. Mailing Address: Post Office Box 1270
 Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State: ALTOONA Florida
 Zip: 32702
 Country:

4. FEI Number: 03-0504321
 Applied For: Not Applicable

5. Certificate of Status Desired:
 \$8.75 Additional Fee Required

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

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, C EDWARD	
STREET ADDRESS	44326 CROSS COUNTRY BLVD.	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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