


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90046 002 ***158.75

DOCUMENT # P03000084760	
1. Entity Name CDT ENTERPRISES, INC.	

Principal Place of Business 365 W SILVERTHORN LN SAINT AUGUSTINE, FL 32095	Mailing Address 365 W SILVERTHORN LN SAINT AUGUSTINE, FL 32095
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2. Principal Place of Business - No P.O. Box # 365 W SILVERTHORN LN	3. Mailing Address 365 W SILVERTHORN LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PONTE VEDRA, FL	City & State PONTE VEDRA, FL
Zip 32081	Zip 32081
Country US	Country US

03212007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1703376	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, DAN J JR. 365 W SILVERTHORN LN SAINT AUGUSTINE, FL 32095	
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7. Name and Address of New Registered Agent Name THOMAS, DAN J JR. Street Address (P.O. Box Number is Not Acceptable) 365 W SILVERTHORN LN City PONTE VEDRA FL Zip Code 32081	
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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 DAN J THOMAS JR PRESIDENT, DIRECTOR <i>[Signature]</i> 3-22-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD THOMAS, DAN J JR 365 W SILVERTHORN LN SAINT AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST THOMAS, DAN J JR 365 W SILVERTHORN LN PONTE VEDRA, FL 32081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, CAMELLIA J 365 W SILVERTHORN LN SAINT AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, CAMELLIA J 365 W SILVERTHORN LN PONTE VEDRA, FL 32081 <input checked="" 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
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
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
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: DAN J THOMAS JR President <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/22/07 Daytime Phone # 9043430429