2005 FOR PROFIT CORPORATION

FILED Jan 20, 2005 8:00 am

ANNUAL REPORT			Secretary of State				
DOCUMENT # P040000975 1. Entity Name CTG CONSULTING, INC.	55				031 018 ***150		
131 PALOMINO DR	Aailing Address 131 PALOMINO DR IUPITER, FL 33458				5000	3781	
2. Principal Place of Business 8809 SE Water Oak PL. Suite, Apt. #, etc. 3. Mailing Address 8809 SE Water Oak PL. Suite, Apt. #, etc.					CR2E034 (10/03)		
Zip Country	Zip " Cou	rida_	4. FEI Number O - O 5 5. Certificate of State	593879 tus Desired) -		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GIBSON, TONI 131 PALOMINO DR JUPITER, FL 33458		eet Address (P.O. Box Number is Not Acceptable) 8809 SE Water Oak Place					
8. The above named entity submits this statement for the		uesta ed agent, or both, in th	ne State of Florida	FL Zip Code	1.4		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered good and little	SUVC. (NOTE: Register	ad Agent signature required	when reinstating)	1-1	DATE CO.		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND DIRE			ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECTORS		
TITLE D NAME GIBSON, TONI STREET ADDRESS 131 PALOMINO DR	☐ Delete TIT NAI STF	ue c.h	son Toni	r oak Pl	Change ace	☐ Addition	

	ay 1, 2005 Fee will be \$550.00						.
10.	OFFICERS AND DIREC		11.		/CHANGES TO OFFICERS		
TITLE "	D	☐ Delete	TITLE	P,D	•	Change Change	Addition
NAME	GIBSON, TONI		NAME	G: 6 SON, TO	Nt	_	
STREET ADDRESS	131 PALOMINO DR		STREET ADDRESS	8809 SE W	later Dak Pla	ce	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Tequesta.	FL 33469		
TITLE	D	Delete	TITLE	5 ,D'		🔀 Change	Addition
NAME	GIBSON, CHRIS		NAME	Gibson, Chi	ris		
STREET ADDRESS	131 PALOMINO DR		STREET ADDRESS	8809 SE W	pater oak Pl	.ace	
CITY-ST-ZiP	JUPITER, FL 33458		CITY - ST - ZIP	Tequesta.	FL 33469		
TITLE		Délète					- Addition -
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS	i		STREET ADDRESS			•	
CITY-ST-ZIP			CITY-ST-ZIP	l			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS	<u> </u>		STREET ADDRESS	i			
CITY-ST-ZIP		•	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	· ·		☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
indicated of the co	certify that the information supplied with this fill d on this report or supplemental report is true a reporation or the receiver or trustee empowered , or on an attachment with an address, with all	nd accurate and that of to execute this report	my signature shall l as required by Ch	nave the same legal effe	ct as if made under oath: tl	nat I am an officer	or director

2 Orear

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAMBOR BIGNING OFFICER OR DIRECTOR

SIGNATURE: