

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043676

FILED
May 01, 2006
Secretary of State

Entity Name: C & T FRIENDSHIP ENTERPRISES, INC.

Current Principal Place of Business:

6804 S. W. 10TH STREET
PEMBROKE PINES, FL 33023

New Principal Place of Business:

573 HOLMES AVE
LAKE PLACID, FL 33852

Current Mailing Address:

6804 S. W. 10TH STREET
PEMBROKE PINES, FL 33023

New Mailing Address:

573 HOLMES AVE
LAKE PLACID, FL 33852

FEI Number: 20-0857781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, LARENCE C
6804 S. W. 10TH STREET
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

PARKER, LARENCE C
573 HOLMES AVE
LAKE PLACID, FL 33852 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:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARKER, LARENCE C
Address: 6804 S.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V () Delete
Name: SMITH, STEVEN E
Address: 1440 CROSSVIEW STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: PARKER, MARIA R
Address: 6804 S.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S () Delete
Name: CARLINI-SMITH, NADINE A
Address: 1440 CROSSVIEW STREET
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARKER, LARENCE C
Address: 573 HOLMES AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: V (X) Change () Addition
Name: SMITH, STEVEN E
Address: 573 HOLMES AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change () Addition
Name: PARKER, MARIA R
Address: 573 HOLMES AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change () Addition
Name: CARLINI-SMITH, NADINE A
Address: 573 HOLMES AVE
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NADINE A CARLINI SMITH

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date