2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P04000048364

Entity Name: NCTI INC.

Current Principal Place of Business:

1434 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

PO BOX 66
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 90-0161049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRIS, COLIN
932 BUNKER VIEW DR.
APOLLO BCH., FL 33572 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRIS, COLIN N
Address: 932 BUNKER VIEW DR.
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HARRIS, COLIN N
Address: 932 BUNKER VIEW DR.
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Change (X) Addition
Name: HARRIS, DEBRA
Address: 932 BUNKER VIEW DR
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Change (X) Addition
Name: HARRIS, CHRISTOPHER
Address: 10423 FLY FISHING STREET
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Change (X) Addition
Name: UPCHURCH, CAMIE
Address: N3092 COUNTY ROAD EE
City-St-Zip: APPLETON, WI 54913

I hereby certify that the information supplied with this filing does not qualify 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: COLIN HARRIS D 03/15/2009
Electronic Signature of Signing Officer or Director Date