

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110075

Entity Name: NCTP, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

520 ANTHONY DR. BRANDON
TAMPA, FL 33511

New Principal Place of Business:

1311 VERSANT DR
APT 202
BRANDON, FL 33511

Current Mailing Address:

520 ANTHONY DR. BRANDON
TAMPA, FL 33511

New Mailing Address:

1311 VERSANT DR
APT 202
BRANDON, FL 33511

FEI Number: 20-1409652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOPOYAN, CEM
520 ANTHONY DR. BRANDON
TAMPA, FL 33511 US

Name and Address of New Registered Agent:

TOPOYAN, CEM
1311 VERSANT DR
APT 202
BRANDON, FL 33511 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:

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOPOYAN, CEM
Address: 520 ANTHONY DR. BRANDON
City-St-Zip: TAMPA, FL 33511

Title: D (X) Delete
Name: CAKAR, NAIM
Address: 13631 FLETCHER REGENCY BLVD
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete
Name: ATIKMAN, SENOL
Address: 13645 FLETCHER REGENCY BLVD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOPOYAN, CEM
Address: 1311 VERSANT DR APT 202
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CEM TOPOYAN

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date