2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

AND TYPED OR PRINTED NAME OF BIOL

Secretary of State **DOCUMENT # P05000020890** 03-17-2006 90141 032 ***150.00 1. Entity Name CCST ENTERPRISE, INC. Principal Place of Business Mailing Address 2610 VINEDALE AVE 2610 VINEDALE AVE 50003419 VALRICO, FL 33594 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 76-078167 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOMBERLIN, STEVE Street Address (P.O. Box Number is Not Acceptable) 1717 EAST BUSH BLVD. SUITE 1108 TAMPA, FL 33612 City Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition TOMBERLIN: STEVEN NAME NAME 2610 VINEDALE AVENUE STREET ADDRESS STREET ADDRESS CITY+ST-7IP VALRICO, FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 empressed 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 alliachment with as mutures.

STEVEN longenly 3/15

FILED Mar 17, 2006 8:00 am ALLACHMENT SOOD 3419

Annual Disclosure Statement

ANNUAL MINUTES!
SHAREHOLDERS AND DIRECTORS
(Domestic Stock Corporation Only)

This Space is for Office Use Only

ANNUAL FI	EE: \$12	5.00
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DISCLOSURE INFORMATION MUST BE LEGIBLE AND WRITTEN OR TYPED IN BLUE OR BLACK INK ONLY

CORPORATE BUSINESS NUMBER: P05000020890

12	/8/2005	
14	1012003	

STEVENTOMBERUN — PRINT NAME OF OFFICER OR AGENT

FDF-20D (REV 1/2004)

REPLY BY: 12/31/2005

12/0/2000						
CCST ENTE	RPRISES, INC. BUSH BLVD. # SUITE	MONTH 33	cdak x	Ne		
TAMPA, FL,	33812 VAL	MCOFL 33	594			
	FLOR	IDA CORPORATION	BUSINESS	AND RECO		
a record of all a	ctions taken by the sh	keep as permanent record pareholders or board of d in place of the board of d	lirectors with	out a meeting,	and a record	olders and board of directors, of all actions taken by a
maintain its rec bylaws or restat records of all ac addresses of its	ords in written form of ted bylaws and all amortion taken by shareho current directors and	or in another form capable endments to them currer olders without a meeting	le of convers tly in effect; for the past	ion into writte (4) The minu 3 years; (5) A	n form withir <u>tes</u> of all shar	a reasonable time. (3) Its eholders' meetings and
	RESS OF PRINCIPAL BUS			D STATE		ZIP CODE
_	INEDALE A		CITY AN		-	33594
2. MAILING ADD	PRESS IF DIFFERENT FR	OM ABOVE	CITY AN	ID STATE		ZIP CODE
annual minutes o	f your corporation. All RESS AND TITLES OF A	information must be legible	e for proper proint DING DIRECT	ORS WHO ARE	ALSO OFFIC	
NAME	(The Corpo	ration must have at least one ADDRESS	e director. Atta	ach additional pa	ges, if necessary	y.) TITLE
STEVEN	TOMBERLIN		AL AIN	e VALRICO.	E1. 23694	Pres.
NAME	S E ICOT H	7 2610 VI NO	70 70		10 33311	TITLE
NAME		ADDRESS				TITLE
		ES OF ALL SHAREHOLD RMATION MUST BE LEG	IBLE AND AC			RD PROCESSING.
STEVEN	TOMBERLIN	2610 VINEDA	IE AL	VALRILO	FL	33514
NAME	TOMBELLIA	ADDRESS	,	VIIOCOO		ZIP CODE
NAME		ADDRESS				ZIP CODE
						MINUTES TO CORPORATE ANY ATTACHMENTS, IS TRUE
agency of the gover	mment. Though the state s		nply with section	n. (Sec.3001)(d) Y	ou are under no	offer is not being made by an obligation to make any payments