


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90097 008 \*\*\*150.00

DOCUMENT # P05000030053  
 1. Entity Name  
 C G T ENTERPRISES, INC.



Principal Place of Business Mailing Address  
 HOME BASE 9241 NW 32ND MANOR  
 SUNRISE, FL 33351 SUNRISE, FL 33351

40014769



**DO NOT WRITE IN THIS SPACE**

02072007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
 NOT APPLICABLE Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOOTHE, AUBREY E.  
 9241 NW 32ND MANOR  
 SUNRISE, FL 33351

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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: *Aubrey E. Boothe*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOOTHE, AUBREY E.
STREET ADDRESS	9241 NW 32ND MANOR
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	VP
NAME	BOOTHE, CLEA M.
STREET ADDRESS	9241 NW 32ND MANOR
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of the receiver or trustee empowered 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 attachment with an address, with all other like empowered.  
 SIGNATURE: *Aubrey E. Boothe, Pres.* Date: *2/07/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #