

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032979

Entity Name: CTI PARTNERS, INC.

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

1030 SW 101 STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

P. O. BOX 2132
HIGH SPRINGS, FL 32655

Current Mailing Address:

1030 SW 101 STREET
GAINESVILLE, FL 32607

New Mailing Address:

P. O. BOX 2132
HIGH SPRINGS, FL 32655

FEI Number: 55-0891285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, JOHN P
1030 SW 101 STREET
GAINESVILLE, FL 32607 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: MAGUIRE, JOHN P
Address: 1030 SW 101 STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: MAGUIRE, JOHN P
Address: 1030 SW 101 STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: MAGUIRE, JOHN P
Address: 1030 SW 101 STREET
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOHN MAGUIRE

P

04/08/2006

Electronic Signature of Signing Officer or Director

Date