

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066239

Entity Name: CTU PROPERTIES, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

8349 NW 21 AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

8349 NW 21 AVE
MIAMI, FL 33147

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER-CURRIE, URSULA
8349 NW 21 AVE
MIAMI, FL 33147 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: TUCKER-CURRIE, URSULA
Address: 8349 NW 21 AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: CURRIE, ZIPPORAH
Address: 8349 NW 21 AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: CURRIE, SHIPHRAH
Address: 8349 NW 21 AVE
City-St-Zip: MIAMI, FL 33147

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: URSULA TUCKER-CURRIE

P

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date