


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 010 ***150.00

DOCUMENT # P05000080308		
1. Entity Name CTAF, INC.		

Principal Place of Business 18002 RICHMOND PLACE DR. #116 TAMPA FL 33647	Mailing Address 18002 RICHMOND PLACE DR. #116 TAMPA FL 33647
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2. Principal Place of Business 17754 SWORDFISH DRIVE Suite, Apt. #, etc. SUITE # D City & State LUTZ, FL Zip 33558	3. Mailing Address 17754 SWORDFISH DRIVE Suite, Apt. #, etc. SUITE # D City & State LUTZ, FL Zip 33558
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1st MOORE CR2E034 (10/05)

4. FEI Number 20-2959242		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAMED, HATEM 18002 RICHMOND PLACE DR. #116 TAMPA FL 33647		7. Name and Address of New Registered Agent Name HAMED, HATEM Street Address (P.O. Box Number is Not Acceptable) 17754 SWORDFISH DRIVE SUITE # D City LUTZ FL Zip Code 33558

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 *Hatem Hamed, Pres.* DATE 3/8/6

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT HAMED, HATEM 18002 RICHMOND PLACE DR. #116 TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT HAMED, HATEM 17754 SWORDFISH DRIVE, STE # D LUTZ, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Hatem Hamed, President* DATE 3/8/6 (813) 817-4667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR