## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

| ANNUAL REPORT  |   |                 |             | ~                                     |                  | J       | ~ ~ · · · · · · · · · · · · · · · · · · |
|--|---|-----------------|-------------|---------------------------------------|------------------|---------|---|
| 1. Entity Nam  | MENT # P050001590<br>CTRIC, INC.  |                 |             | 05-01-2008                            |                  |         |   |
| Principal Place of Business  1937 RIVERVIEW DRIVE CRESTVIEW, FL 32536  Mailing Address POBOX 1775 1937 FORT WALTON BEACH, FL 325   |   |                 |             |                                       | . 6              | 00361   | 38                                      |
|  |   | <del></del>     | 3253        |                                       |                  |         |   |
| DO NOT WRITE IN THIS SPACE   |   |                 | CE          | 04102008<br>4. FEI Number<br>41 - 218 | No Chg-P<br>9260 | CR2E034 | Applied For Not Applicable              |
|  | G. Name and Address of Current Pe   | reletered Agent | · : : · · · | 5. Certificate o                      | f Status Desired |         | B.75 Additional<br>e Required           |
| 6. Name and Address of Current Registered Agent HENDERSON, JIMMY HILL 1937 RIVERVIEW DRIVE CRESTVIEW, FL 32536   |   |                 |             | ÷                                     | NOT W            |         |   |
| 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 renstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees |   |                 |             |                                       |                  |         |   |
| 10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP   | OFFICERS AND DI<br>P<br>HENDERSON, JIMMY HILL<br>1937 RIVERVIEW DRIVE<br>CRESTVIEW,, FL 32536 | RECTORS         |             | 46.                                   |                  |         |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS  | DRESS UP DRESS  |                 |             | DO NOT WRITE<br>IN THIS SPACE         |                  |         |   |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |   |                 | 1           |                                       | . '#             |         |   |

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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 1/-68 850-682-514