


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90140 035 ***150.00

DOCUMENT # P07000089028	
1. Entity Name CT3 INTERNATIONAL, INC.	

Principal Place of Business 30253 PGA DRIVE MOUNT PLYMOUTH, FL 32776 US	Mailing Address 30253 PGA DRIVE MOUNT PLYMOUTH, FL 32776 US
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2. Principal Place of Business - No P.O. Box # 30253 PGA DR	3. Mailing Address 30253 P6 A DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mt. Plymouth	City & State Florida
Zip 32776	Country USA
City & State Mt. Plymouth	City & State Florida
Zip 32776	Country USA



03302008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0672613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, CHARLES T III 30253 PGA DRIVE MOUNT PLYMOUTH, FL 32776	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Charles T. Wright III DATE: 4/28/08

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PRES WRIGHT, CHARLES T III 30253 PGA DRIVE MOUNT PLYMOUTH, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WRIGHT, AMINA 30253 PGA DRIVE MOUNT PLYMOUTH, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Charles T. Wright III DATE: 4/28/08 (401) 461-0497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR