2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016269

Entity Name: CTN SOLUTIONS INC.

FILED May 04, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:	
JASMINE 6 6112 SW 8 OCALA, F	SR 200			
Current Mailing Address:			New Mailing Address:	
629 MARIO OCALA, F	ON OAKS TRA L 34473	AIL		
FEI Number	: 26-1219293	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	, THOMAS D ON OAKS TRA L 34473 U			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
Electronic Signature of Registered Age			ent	Date
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CONNOR, THO 629 MARION O OCALA, FL 34	DAKS TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC. (STEWART, NE 629 MARION C OCALA, FL 34	DAKS TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS CONNOR MR. 05/04/2009