APR-29-2002 10:48 AM GINA CULE CPA

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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May 15, 2002 8:00 am
Secretary of State
05-15-2002 90064 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT
2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000019462**

1. Corporation Name
CT CONSULTING, INC.

Principal Place of Business
6580 N.W. 21ST STREET
SUNRISE FL 33313

Mailing Address
6580 N.W. 21ST STREET
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
03/03/1997

4. FEI Number
65-0735260
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax
Yes No

9. Name and Address of Current Registered Agent
TOTH, CAROL
6580 N.W. 21ST STREET
SUNRISE FL 33313

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above corporation is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
PD
TOTH, CAROL
6580 N.W. 21ST STREET
SUNRISE FL 33313
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change Added
1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2EO34 (11/98)

6. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added in an attachment with an address, with all other like empowered.

SIGNATURE: X Carol Toth 4/29/2002 X President