2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000003145

1. Entity Name
CTB, INC.

FILED
06 AUG 28 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08232006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
12273 EMERALD COAST PARKWAY SUITE #110 DESTIN, FL 32550 US	12273 EMERALD COAST PARKWAY SUITE #110 DESTIN, FL 32550 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3485148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, THOMAS
227 MCCARTHUR AVE
FORT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name BALZER, MICHAEL E.
Street Address (P.O. Box Number is Not Acceptable) 12273 EMERALD COAST PKY
SUITE # 110
City DESTIN FL Zip Code 32550

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 MBF DATE 8/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BALZER, MICHAEL E 103 SUGAR COVE ROAD SANTA ROSA BEACH, FL 32459	☐ Delete	P BALZER, MICHAEL E. 103 SUGAR COVE ROAD SANTA ROSA BEACH, FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT OSBORNE, THOMAS C 227 MCCARTHUR AVE, N.W. FT WALTON BEACH, FL 32548	☐ Delete	S BUTLER, BILLY R. 5 MAGNOLIA DR. DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T ROGERS, DONALD H. 204 GULF WINDS CT. DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	70007928 1317 08/30/06--01052--005 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: MBF President 8/23/06 850-837-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2C 8/29