2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003145

Entity Name: CTB, INC.

FILED May 27, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12273 EMERALD COAST PARKWAY

SUITE #110

DESTIN, FL 32550 US

Current Mailing Address: New Mailing Address:

12273 EMERALD COAST PARKWAY SUITE #110

DESTIN, FL 32550 US

FEI Number: 59-3485148 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:

BALZER, MICHAEL

12273 EMERALD COAST PKWY

SUITE #110

BUTLER, BILLY R SEC.M

12273 EMERALD COAST PKWY

SUITE #110

SUITE #110

SUITE #110 SUITE #110 DESTIN, FL 32550 US DESTIN, FL 32550 US

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.

SIGNATURE: BILLY R. BUTLER 05/27/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:BALZER, MICHAEL EName:MILLER, SUSAN LAddress:103 SUGAR COVE ROADAddress:201BEACON WAY

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete Title: () Change () Addition

 Name:
 BUTLER, BILLY R
 Name:

 Address:
 5 MAGNOLIA DRIVE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 ROGERS, DONALD
 Name:

 Address:
 204 GULD WINDS COURT
 Address:

 City-St-Zip:
 DESTIN, FL 32541 US
 City-St-Zip:

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: SUSAN LO. MILLER P 05/27/2008