

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037351

Entity Name: CT CONSULTANTS INC.

FILED  
May 10, 2007  
Secretary of State

**Current Principal Place of Business:**

1070 ALVINA LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1070 ALVINA LANE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3583585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRICKER, CLIVE  
1070 ALVINA LANE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRICKER, CLIVE  
Address: 1070 ALVINA LANE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CLIVE TRICKER

P

05/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date