


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90045 026 \*\*\*150.00

<b>DOCUMENT # S17999</b>	
1. Entity Name <b>C T T INVESTMENTS, INC.</b>	
	
Principal Place of Business <b>4617 LEGENDS LN ELKTON FL 32033</b>	Mailing Address <b>4617 LEGENDS LN ELKTON FL 32033</b>
2. Principal Place of Business <b>453 Federal Point RD</b>	3. Mailing Address <b>453 Federal Point RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>East Palatka, FL</b>	City & State <b>East Palatka, FL</b>
Zip <b>32131</b>	Country
Zip <b>32131</b>	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3042554</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>TAI, CHIAHSIUNG C. 4617 LEGENDS LN ELKTON FL 32033</b>		7. Name and Address of New Registered Agent Name <b>TAI, CHIAHSIUNG C</b> Street Address (P.O. Box Number is Not Acceptable) <b>453 Federal point RD</b> City <b>East Palatka</b> FL Zip Code <b>32131</b>

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 Chiahsiong C. TAI, chiahsiong c. TAI 2/27/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DP TAI, HSIAMEI J. 4617 LEGENDS LN ELKTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 Federal point RD E. Palatka, FL 32131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TSENG, PEI-FEN 8322 ASHBORNE DR SHREVELPORT LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 Federal Point RD E. Palatka, FL 32131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAI, CHIAHSIUNG C. 4617 LEGENDS LN ELKTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 Federal point RD E. Palatka, FL 32131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TSENG, PO-I 8322 ASHBORNE DR. SHREVEPORT LA 71106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 Federal Point RD. E. Palatka, FL 32131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Chiahsiong C. TAI, CHIAHSIUNG C. TAI 2/27/05  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 386-329-4346