2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S17999

1. Entity Name C T T INVESTMENTS, INC.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

453 FEDERAL POINT RD EAST PALATKA, FL 32131 Malling Address

453 FEDERAL POINT RD EAST PALATKA, FL 32131



DO NOT WRITE IN THIS SPACE

02232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3042554 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAI, CHIAHSIUNG C. 453 FEDERAL POINT RD EAST PALATKA, FL 32131

DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000938791 - U5/28/08-80001-007 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAI, HSIAMEI J. 453 FEDERAL POINT RD EAST PALATKA, FL 32131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TSENG, PEI-FEN 453 FEDERAL POINT RD EAST PALATKA, FL 32131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAI, CHIAHSIUNG C. 453 FEDERAL POINT RD EAST PALATKA, FL 32131		-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TSENG, PO-I 453 FEDERAL POINT RD EAST PALATKA, FL 32131			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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.

CHIA HSUNGC. TAI. DS

SIGNATURE: ___

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTING MAME OF SIGNING OFFICER OR DIRECTOR

2/25/2008 (904)692-4350