## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 08:00 Al Secretary of State

ANNUAL REPORT								Secretary of Stat					
DOCUMENT #V60932  1. Entity Name CTTT OF GEORGIA, INC.				·					Sec	retar	y 01 S	state	
Principal Place of Business				falling Address									
3059 GRAND AVE.			3059 GRAND AVE.										
SUITE 410   Miami, Fl 33133   US			SUITE 410 Miami, Fl 33133 US					·					
2. Principal Place of Business - No P.O. Box #			1_	3. Mailing Address				<b>                               </b>					
Suite, Apt. #, etc.			1_	Suite, Apt. #, etc.		01302007	Chg-P	CR2E0	34 (12/06)		ı		
City & State			City & State				50 0004400			oplied For of Applicable			
Zip	Country		1	Zip Coun		ntry	5. Certificate of	\$8.75 Additional Fee Required					
6. Name and Address of Current				itered Agent		7. Name and Address of New Registered Agent							
STEARNS	WEAVER	R MILLER WEISSLEF	2 =1	ΓΔΙ		Name							
STEARNS WEAVER MILLER WEISSLEF C/O RICHARD E SCHATZ 150 WEST FLAGLER STREET				AL		Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33130									,		ļ	ļ	
						City			FL	Zip Cod	e		
8. The above the obtigat	named entit tions of regis	y submits this statement fo tered agent.	r the p	ourpase of changing its	register	ed office or registere	ed agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept		
SIGNATURE.		or printed name of registered agent (	4001110	decolisaria (NOTI	C. Ban	id Agent signature required							
	ogratore, typed	or printed restrict of registrated agents		in application. (NOTI	:: negratare	to when signature redused	woen retratating)		DATE	<del></del>			
		FEE IS \$150.00 7 Fee will be \$550.0	00	9. Election Campai Trust Fund Cont			00 May Be ed to Fees						
10.		OFFICERS AND	DIREC	CTORS	11.	-	ADDITIONS/CH	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11		
TITLE	PSD Delete				TITLE		_		Change	☐ Addition			
NAME STREET ADDRESS	WEISER, BRADLEY SS 3059 GRAND AVE.SUITE 410			NAM Stre		EET ADDRESS		U(	ວັດດີດີດີ.	744523	013 150.		
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STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP					]		
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NAME .				☐ Delete	TITLE					Change	☐ Addition		
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CITY-ST-ZIP			2			-ST-ZIP							
12. I hereby certify that the information supplied with his 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 expowered 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.													
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT												