

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60857

Entity Name: TRAVEL TIME LTD., INC.

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

% PHYLLIS REPPEN  
11214 MIDDLE BEACH RD  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

% PHYLLIS REPPEN  
11214 MIDDLE BEACH RD  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

% PHYLLIS REPPEN  
11214 HUTCHISON BLVD  
PANAMA CITY, FL 32407

**New Mailing Address:**

% PHYLLIS REPPEN  
11214 HUTCHISON BLVD  
PANAMA CITY, FL 32407

FEI Number: 59-1595041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REPPEN, PHYLLIS  
11214 HUTCHISON BLVD  
PANAMA CITY, FL 32407 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete  
Name: REPPEN, PHYLLIS  
Address: PO BOX 1364  
City-St-Zip: PANAMA CITY, FL 32402

**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 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: PHYLLIS REPPEN

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04/26/2007

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

\_\_\_\_\_ Date