2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# P04000101905

Entity Name: T SQUARED, INC.

Current Principal Place of Business:

4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677

New Principal Place of Business:

14056 FOREST CREEK DR
CHESTERFIELD, MO 63017

Current Mailing Address:

4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677

New Mailing Address:

14056 FOREST CREEK DR
CHESTERFIELD, MO 63017

FEI Number: 20-1444629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, DAVID B
4022 TAMPA ROAD
SUITE 6
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

TUCKER, DAVID B
5951 WELLESLEY PARK DR.
#205
BOCA RATON, FL 33433 US

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: DAVID B TUCKER 01/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TUCKER, DAVID B
Address: 4022 TAMPA ROAD #6
City-St-Zip: OLDSMAR, FL 34677

Title: DVP ( ) Delete
Name: TUCKER, STEVEN J
Address: 14056 FOREST CREEK DR
City-St-Zip: CHESTERFIELD, MO 63017

Title: ST ( ) Delete
Name: TUCKER, DAVID B
Address: 4022 TAMPA ROAD #6
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID B TUCKER DP 01/09/2009
Electronic Signature of Signing Officer or Director Date