2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 620306

1. Entity Name TECHNICAL TRADING CORP.



FILED Feb 16, 2007 08:00 Al Secretary of State

Principal Place of Business

3515 N.W. 60TH STREET MIAMI, FL 33142-2026 US Mailing Address

3515 N.W. 60TH STREET MIAMI, FL 33142-2026 US



DO N	1OT	WRITE	IN	THIS	SPACE
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CR2E034 (11/05) 01302007 No Cha-P

Applied For 4. FEI Number 59-1904135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MORRIS, LAMBERT E 3515 NW 60TH ST MIAMI, FL 33142

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 Fiorida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE	Signature, typed or printed name of registered egent and title if	a required when rainstating)	quired when reinstating) DATE.						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗀	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	TORS							
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	PD MORRIS, LAMBERT E. 6641 S.W. 20TH ST PLANTATION, FL 33317-5104								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, LOIS C. 6641 S.W.20TH STREET PLANTATION, FL 33317-5104				U00000637597 02/26/07-80066-025 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·					
TITLE					•				

12. I hereby certify that the information supplied with this filling 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 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 another like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois C. Morris

305 633 5205