2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006079

Entity Name: TRANSACTION TRACKING TECHNOLOGIES, INC.

FILED Jan 30, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
209 TENTH AVENUE, SOUTH, SUITE 536 NASHVILLE, TN 37203							
Current Mailing Address:				New Mailing Address:			
	HAVENUE, SC E, TN 37203	OUTH, SUITE 536					
FEI Number: 59-3459741 FEI Number Applied For () FEI Nu			FEI Numl	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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.							
SIGNATUR							
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		Delete (BILL) OOD LANE	- !	Title: Name: Address: City-St-Zip:		Change () Additio	
Title: Name: Address: City-St-Zip:	V (X) KLEIN, WILLIAM 7852 HARPETH NASHVILLE, TN	VIEW DRIVE	1	Title: Name: Address: City-St-Zip:	()	Change () Additio	n
Title: Name: Address: City-St-Zip:	S () KEITH, JEFFRE 7245 DOVE DRI SCHEREVILLE,	VE	1	Title: Name: Address: City-St-Zip:	CFO (X) KEITH, JEFFRE 7245 DOVE DR SCHEREVILLE,	IVE	on
Title: Name: Address: City-St-Zip:	CTO () KOVAC, MICHAE 401 LAKEWOOD OLDSMAR, FL	CIRCLE	1	Title: Name: Address: City-St-Zip:	()	Change () Additio	n
Title: Name: Address: City-St-Zip:	BERMAN, MICHA	KSBURG WAY WEST	1	Title: Name: Address: City-St-Zip:	()	Change () Additio	n
Title: Name: Address: City-St-Zip:	CD () BLACK, TOM 6204 HARDING NASHVILLE, TN		1	Title: Name: Address: City-St-Zip:	DIR (X) BLACK, TOM 6204 HARDING NASHVILLE, TN		on

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: STEVE LASHLEE CONT 01/30/2006