2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006079

Entity Name: TRANSACTION TRACKING TECHNOLOGIES, INC.

FILED Aug 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
209 TENTH AVENUE, SOUTH, SUITE 536				214 OVERLOOK CIRCLE		
NASHVILLE, TN 37203				130		
				BRENTWOOD, TN	l 37027	
Current Mailing Address:				New Mailing Address:		
209 TENTH AVENUE, SOUTH, SUITE 536				214 OVERLOOK CIRCLE		
	E, TN 37203	30111, 33112 333		130		
				BRENTWOOD, TN	l 37027	
FEI Number:	59-3459741	FEI Number Applied For ()	FEI Nun	nber 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.						
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
In accordance	o with a 607 10	3(2)(b), F.S., the corporation did no	ot roopiya t	ha prior patica		
		g Trust Fund Contribution ().	ot receive t	ne prior riotice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PCD ()	Delete		Title:	() Change () Addition	
Name:	HEIM, WILLIAM			Name:	()	
Address:	857 CURTIS W	· · · · ·		Address:		
City-St-Zip:	NASHVILLE, TN			City-St-Zip:		
Title:	CFO ()	Delete		Title:	() Change () Addition	
Name:	KEITH, JEFFRE			Name:	() Change () Addition	
Address:	7245 DOVE DR			Address:		
City-St-Zip:	SCHEREVILLE			City-St-Zip:		
City-St-Zip.	SCHEREVILLE	, 111 403/3		City-St-Zip.		
Title:	CTO ()	Delete		Title:	() Change () Addition	
Name:	KOVAC, MICHAEL J 401 LAKEWOOD CIRCLE			Name:		
Address:				Address:		
City-St-Zip:	OLDSMAR, FL	34677		City-St-Zip:		
Title:	DIR ()	Delete		Title:	() Change () Addition	
Name:	BLACK, TOM			Name:	• • • • • • • • • • • • • • • • • • • •	
Address:	6204 HARDING	PIKE		Address:		
City-St-Zip:	NASHVILLE, TN			Citv-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: STEVE LASHLEE CONT 08/30/2007