

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006079

FILED
Apr 18, 2008
Secretary of State

Entity Name: TRANSACTION TRACKING TECHNOLOGIES, INC.

Current Principal Place of Business:

214 OVERLOOK CIRCLE
130
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

214 OVERLOOK CIRCLE
130
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 59-3459741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCD () Delete
Name: HEIM, WILLIAM (BILL)
Address: 857 CURTIS WOOD LANE
City-St-Zip: NASHVILLE, TN 37204

Title: CFO () Delete
Name: KEITH, JEFFREY J
Address: 7245 DOVE DRIVE
City-St-Zip: SCHERERVILLE, IN 46375

Title: CTO () Delete
Name: KOVAC, MICHAEL J
Address: 401 LAKEWOOD CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: DIR () Delete
Name: BLACK, TOM
Address: 6204 HARDING PIKE
City-St-Zip: NASHVILLE, TN 37205

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:

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: STEVE LASHLEE

CONT

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date