

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005059

FILED
Jan 06, 2009
Secretary of State

Entity Name: TRANSFER TECHNOLOGY INTERNATIONAL CORP.

Current Principal Place of Business:

2203 NORTH LOIS AVENUE SUITE 704
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2203 NORTH LOIS AVENUE SUITE 704
TAMPA, FL 33607

New Mailing Address:

FEI Number: 88-0381258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINA, CHRIS
2203 NORTH LOIS AVENUE SUITE 704
TAMPA, FL 33607 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: CS () Delete
Name: TRINA, CHRIS
Address: 2203 NORTH LOIS AVENUE SUITE 704
City-St-Zip: TAMPA, FL 33607

Title: CEO () Delete
Name: TRINA, CHRIS
Address: 2203 NORTH LOIS AVENUE SUITE 704
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: SCHULTZ, SANDY
Address: 2203 NORTH LOIS AVENUE SUITE 704
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: PARSONS, WILLIAM
Address: 2203 NORTH LOIS AVENUE SUITE 704
City-St-Zip: TAMPA, FL 33607

Title: CFO () Delete
Name: CALAMUNCI, ROBERT
Address: 1103 CAMPUS DRIVE WEST
City-St-Zip: MORGANVILLE, NJ 07751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: TRINA, CHRIS
Address: 2203 NORTH LOIS AVENUE SUITE 704
City-St-Zip: TAMPA, FL 33607

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

Title: D (X) Change () Addition
Name: SCHULTZ, SANDY
Address: 1700 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: PARSONS, WILLIAM
Address: 9985 HOLT RD.
City-St-Zip: CARMEL, CA 93923

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: CHRIS TRINA

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date