



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F85166</b> 1. Entity Name <b>T &amp; T EXPORT CORPORATION</b>	
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Principal Place of Business <b>3656 FIRST AVE. N.          SAINT PETERSBURG, FL 33713</b>	Mailing Address <b>3656 FIRST AVE. N.          SAINT PETERSBURG, FL 33713</b>
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DO NOT WRITE IN THIS SPACE

  
 02052007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GEORGES, RICHARD M  
 3656 FIRST AVE. N.  
 ST. PETERSBURG, FL 33713**

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	TRATZ, JOHANN P
STREET ADDRESS	3656 FIRST AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	PD
NAME	TRATZ, MICHAEL
STREET ADDRESS	3656 FIRST AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000630965  
 02/20/07-80028-015 150.00

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12. I hereby certify that the information supplied with this filing 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 all other like empowered.

SIGNATURE:       02/05/07    727-321-4420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #