


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005985 1. Entity Name TELE-TRACKING TECHNOLOGIES, INC.	
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Principal Place of Business THE TIMES BUILDING 7TH FL, 336 FOURTH AVENUE PITTSBURGH, PA 15222	Mailing Address THE TIMES BUILDING 7TH FL, 336 FOURTH AVENUE PITTSBURGH, PA 15222
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1828750	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NACEY, GENE 1140 COPELAND RD LEECHBURG, PA 15656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC ROBERTS, KIMBERLY G 623 HARBAUGH STREET SEWICKLEY, PA 15143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMAGIAS, MICHAEL G 336 FOURTH AVE., 8TH FLOOR PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFOT STEPHEN, KIRK 128 RADCLIFF DRIVE PITTSBURGH, PA 15237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANZO, ANTHONY BLACKBURN RD SEWICKLEY, PA 15143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80059-029 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/19/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #