

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36625

Entity Name: T. T. PUBLICATIONS, INC.

FILED  
Apr 22, 2005  
Secretary of State

## Current Principal Place of Business:

203 W. STATE ROAD 434  
WINTER SPRINGS, FL 32708 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 522020  
LONGWOOD, FL 32752 US

## New Mailing Address:

FEI Number: 59-2274073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCALARNEY, ELIZABETH  
203 W STATE ROAD 434  
WINTER SPRINGS, FL 32708 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: DC ( ) Delete  
Name: DURIG, TED  
Address: 3053 SPRINGBORO ROAD WEST  
City-St-Zip: MORaine, OH 45439

Title: PD ( ) Delete  
Name: ASPESI, PETER M  
Address: 3 MACNEILLPD DRIVE  
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: SD ( ) Delete  
Name: GIORGIS, WILLIAM J  
Address: 2522 HESS AVENUE  
City-St-Zip: SAGINAW, MI 48601

Title: TD ( ) Delete  
Name: BREWER, DENNIS B  
Address: 1763 PLYMOUTH RD  
City-St-Zip: ANN ARBOR, MI 48105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: JONES, JAMES D  
Address: 7155 SOUTH HWY 17-92  
City-St-Zip: FERN PARK, FL 32730

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 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 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: JAMES D JONES

PD

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date