

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36625

Entity Name: T. T. PUBLICATIONS, INC.

FILED
Apr 21, 2008
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 MACNEILL 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

Title: () Delete
Name:
Address:
City-St-Zip:

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 S HIGHWAY 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:

Title: VD () Change (X) Addition
Name: MCGOVERN, MICHAEL P
Address: 3021 TAZEWEEL PIKE
City-St-Zip: KNOXVILLE, TN 37918

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: JAMES D. JONES

PD

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date