2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95340

Entity Name: T&TPROPERTIES, INC.

368 RIVER BLUFF CIRCLE

DEBARY, FL

Address:

City-St-Zip:

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
368 RIVER DEBARY, I	RBLUFF CIR FL 32713				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX (DEBARY, I		US			
FEI Number:	59-2576296	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ALTOONA The above	OSS COUNT ,, FL 32702	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF					
		onic Signature of Registered Ag	gent	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	THOMAS, CH) Delete ARLES EDWA, RD S COUNTRY BLVD - 32702	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMAS, JAI)Delete MES R., LUFF CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()Delete YF I YNN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KAYE LYNN THOMAS D 02/06/2008