


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # J07988			
1. Entity Name TTS MARKETING, INC.			
Principal Place of Business 2098 SOUTH TAMiami TRAIL SARASOTA FL 34239 US		Mailing Address 2999 SOUTH TAMiami TRAIL SARASOTA FL 34239 US	
2. Principal Place of Business (No P.O. Box #)		3. Mailing Address	
SUNG, A.C.L. #, etc		Suite Apt #, etc	
City & State		City & State	
Zip	County	Zip	County
4. FE Number 59-2668026		App 601 For Not Applicable	
5. Certificate of Status Cleared <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIHALEY LORI NAN 2999 SOUTH TAMiami TRAIL SARASOTA FL 34239		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 Max. D- Trust Fund Contribution <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GRAY, E. C. 4766 RINGWOOD MEADOW SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000733420 05/09/07-80084-018 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRAY, RICHARD 4766 RINGWOOD MEADOW SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRAY, ROBERT E. 4766 RINGWOOD MEADOW SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 199, 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 conduct 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 employees.			
SIGNATURE: _____		#10 20/04/07	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		941-377-0228	