2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: TECHNOLOGY TRAINING & THERAPY FOR INDEPENDENCE, LLC

Current Principal Place of Business:

C/O NANCY L. HOPPE
931 SW 4TH PL
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

C/O NANCY L. HOPPE
931 SW 4TH PL
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 55-0891672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPPE, NANCY L
931 SW 4TH PL
CAPE CORAL, FL 33991 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

MANAGING MEMBERS/MANAGERS:

Title: MEMB
Name: ROSE, CATHERINE
Address: 3150 RUSTIC LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MEMB
Name: HOPPE, NANCY L
Address: 931 SW 4TH PL
City-St-Zip: CAPE CORAL, FL 33993

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: NANCY HOPPE OWN 01/08/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date