

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02247

FILED
Mar 02, 2010
Secretary of State

Entity Name: TRIPLE T INNS OF ARIZONA, INC.

Current Principal Place of Business:

325 FIFTH AVE
#207
INDIALANTIC, FL 32903 US

New Principal Place of Business:

122 FOURTH AVE
#101
INDIALANTIC, FL 32903 US

Current Mailing Address:

P O BOX 33547
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-2026521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONIN, LAUREN B.
325 FIFTH AVENUE
STE 207
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

KOONIN, LAUREN B.
122 FOURTH AVENUE
STE 101
INDIALANTIC, FL 32903 US

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

03/02/2010

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: FAUST, CHARLES R
Address: 4747 N. OCEAN DR., #204
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: STD
Name: KOONIN, LAUREN B
Address: 122 FOURTH AVENUE SUITE 101
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VPD
Name: THOMPSON, C. W
Address: 3970 PARKWAY DR.
City-St-Zip: MELBOURNE, FL 32934 US

Title: VPD
Name: VOLKERT, LEON H
Address: 4747 N. OCEAN DR., #204
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: LAUREN B. KOONIN

Electronic Signature of Signing Officer or Director

ST

03/02/2010

Date