


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90306 013 \*\*\*150.00

<b>DOCUMENT # P03704</b>							
1. Entity Name TTI, INC.							
Principal Place of Business 2441 NE PKWY FORT WORTH, TX 76106-1896 US			Mailing Address 2441 NE PKWY FORT WORTH, TX 76106-1896 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>75-1498056</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	CEPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDREWS, PAUL E., JR.		NAME	ROBERT J. DUCA			
STREET ADDRESS	2441 NE PKWY		STREET ADDRESS	2441 NE PKWY			
CITY-ST-ZIP	FORT WORTH, TX 761061896		CITY-ST-ZIP	FORT WORTH TX 76106			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARCY, JOHN F.		NAME				
STREET ADDRESS	16441 NE 50TH ST		STREET ADDRESS				
CITY-ST-ZIP	REDMOND, WA 98052		CITY-ST-ZIP				
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREWS, P. E., JR. (MRS)		NAME				
STREET ADDRESS	2441 NE PKWY		STREET ADDRESS				
CITY-ST-ZIP	FORT WORTH, TX		CITY-ST-ZIP				
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICK M KYPREOS		NAME				
STREET ADDRESS	6616 CHERRY HILLS DR		STREET ADDRESS				
CITY-ST-ZIP	FORT WORTH, TX 76132		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAY, GENE		NAME				
STREET ADDRESS	3508 ELM CREEK CT		STREET ADDRESS				
CITY-ST-ZIP	FORT WORTH, TX		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DONAWHO, JAMES		NAME				
STREET ADDRESS	2725 BURLESON RETTA RD		STREET ADDRESS				
CITY-ST-ZIP	BURLESON, TX 76028		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute 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 empowered.							
SIGNATURE: <i>Nick M. Kypreos</i>		Name: Nick M. Kypreos		Date: 4-15-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 817-740-9000			