

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90030 013 \*\*\*150.00

DOCUMENT # P04000165999	
1. Entity Name T N T TECHNOLOGIES, INC.	



Principal Place of Business 2520 NW 16TH LANE BAY 6 POMPANO BEACH, FL 33064	Mailing Address 2520 NW 16TH LANE BAY 6 BAY 6, FL 33064
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**50064038**

2. Principal Place of Business 872 NE 41st Place	3. Mailing Address 872 NE 41st Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05052005 Chg-P CR2E034 (10/03)

City & State POMPANO BEACH, FL.	City & State POMPANO BEACH, FL.
Zip 33064	Country USA
Zip 33064	Country USA

4. FEI Number 20-2000132	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THOMPSON, RALPH 2520 NW 16TH LANE BAY 6 POMPANO BEACH, FL 33064	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4627 SW 12TH PLACE City DEERFIELD BEACH FL Zip Code 33442	
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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: [Signature] DATE: 8/20/05

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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: RALPH THOMPSON DATE: 8/20/05 DAYTIME PHONE: 954-788-3312