

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P05000029333

1. Entity Name
 TRIPLE T. REPAIR, INC.



Principal Place of Business
 1977NW. 55TH AVENUE
 MARGATE, FL 33063 US

Mailing Address
 1977 NW. 55TH AVENUE
 MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2376210	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMPSON, MIKO M MRS.
 6123 SW. 4TH STREET
 MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, TERRENCE 1977 NW. 55TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SIMPSON, MIKO 1977 NW. 55TH AVENUE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761771
 05/25/07-80069-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *B Simpson* President 4/30/07 954-240-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #