## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000136328

THORNLEY, MICHAEL

515 N FLAGLER DR., SUITE P-400

WEST PALM BEACH, FL 33401

Name:

Address:

City-St-Zip:

Entity Name: TT OF ORANGE, INC.

FILED Aug 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 515 N FLAGLER DR SUITE P-400 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 515 N FLAGLER DR SUITE P-400 WEST PALM BEACH, FL 33401 FEI Number: 20-3964969 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, TERRY 515 N FLAGLER DR SUITE P-400 WEST PALM BEACH, FL 33401 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition TAYLOR, TERRY Name: Name: 515 N FLAGLER DR SUITE P-400 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CERA, NANCY Name: 515 N FLAGLER DR SUITE P-400 Address: Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: Title: Title: AS ( ) Delete () Change () Addition PROIA, JEANNE Name: Name: 515 N FLAGLER DR., SUITE P-400 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: TRE (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY TAYLOR PD 08/07/2008