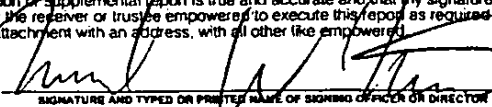


FILED  
Apr 27, 2007 8:00 am  
Secretary of State

04-09-2007 90092 011 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000014387</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                     |                                                                                                                                  |  |  |
| 1. Entity Name<br>T.T.T.&T. INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                     |                                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br>6330 BETTY AVE<br>COCOA, FL 32927 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                     | Mailing Address<br>6330 BETTY AVE<br>COCOA, FL 32927 US                                                                          |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                     | 3. Mailing Address                                                                                                               |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                     | Suite, Apt. #, etc.                                                                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                     | City & State                                                                                                                     |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                        | Zip                                                                                 | Country                                                                                                                          | 4. FEI Number<br><b>20-5139293</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                     |                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                     |                                                                                                                                  | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br>TERKEURST, LEONARD W<br>6330 BETTY AVE<br>COCOA, FL 32927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |                                                                                                                                  |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                  | \$5.00 May Be Added to Fees                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>TERKEURST, LEONARD W<br>6330 BETTY AVE<br>COCOA, FL 32927 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Leonard W. Terkeurst 4/6/07<br>Date Daytime Phone #                                 |                                                                                                                                  |                                                                                   |  |

321-537-3250