


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-27-2007 90033 026 ***550.00

DOCUMENT # P94000085342	
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1. Entity Name
TTI HOLDINGS, INC.

Principal Place of Business

2710 5TH AVENUE
TAMPA, FL 33605 US

Mailing Address

2710 5TH AVENUE
TAMPA, FL 33605 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

08202007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3283502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PILGER, MICHELE A TS
2710 5TH AVENUE
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name Albert, Brian S

Street Address (P.O. Box Number is Not Acceptable)

2710 5TH Avenue

City Tampa

FL

Zip Code 33605

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	REED, CALVIN H	
STREET ADDRESS	2710 5TH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33605	

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JOHN S	
STREET ADDRESS	2710 5TH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33605	

TITLE	P	<input type="checkbox"/> Delete
NAME	HALE, DAVID D	
STREET ADDRESS	2710 5TH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33605	

TITLE	V	<input type="checkbox"/> Delete
NAME	NEWLIN, DAVID E	
STREET ADDRESS	2710 5TH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33605	

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	PILGER, MICHELE A	
STREET ADDRESS	2710 5TH AVENUE	
CITY-ST-ZIP	TAMPA, FL 33605	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert, Brian S	
STREET ADDRESS	2710 5TH Avenue	
CITY-ST-ZIP	Tampa, FL 33605	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Albert, Brian S 8-21-2007 (813) 241-4261 x 216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #