2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90018 001 ***150.00

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1. Entity Name
TTI HOLDINGS, INC.

Principal Place of Business	Mailing Address
2710 5TH AVENUE TAMPA, FL 33605 US	2710 5TH AVENUE TAMPA, FL 33605 US

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

ALBERT, BRIAN S
2710 5TH AVENUE
TAMPA, FL 33605

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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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	REED, CALVIN H
STREET ADDRESS	2710 5TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	REED, JOHN S
STREET ADDRESS	2710 5TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	P
NAME	HALE, DAVID D
STREET ADDRESS	2710 5TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	V
NAME	NEWLIN, DAVID E
STREET ADDRESS	2710 5TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	TS
NAME	ALBERT, BRIAN S
STREET ADDRESS	2710 5TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ BRIAN S ALBERT 01-23-2008 (813)241-4261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #