

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000009820

1. Entity Name
T.T.C. SERVICE, INC.



Principal Place of Business
4700 BALSAM DRIVE
LAND O'LAKES, FL 34639

Mailing Address
4700 BALSAM DRIVE
LAND O'LAKES, FL 34639

**FILED
Apr 28, 2006 8:00 am
Secretary of State**

04-28-2006 90188 012 ***150.00

JUULYUUD



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3554143	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JUNG, JONG SIK
4700 BALSAM DRIVE
LAND O'LAKES, FL 34639

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME JUNG, JONG SIK
STREET ADDRESS 4700 BALSAM DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Jong Sik Jung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

Daytime Phone #