2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 08:00 AM Secretary of State

DOCUME	NT#	P9900	007	'8959
--------	-----	-------	-----	-------

1. Entity Name
TTB EQUITY CORP.



Principal Place of Business

Mailing Address

2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 02052007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GREENFIELD, WILLIAM R 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	egistered o	office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE I	Registered Age	eni signature i	required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution		9 🗖	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			1-1-	000000661882		
NAME STREET ADDRESS CHY-ST-ZIP	D GREENFIELD, WILLIAM R 2300 GLADES ROAD SUITE 100E BOCA RATON, FL 33431					000000661882 03/20/07-80060-020 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
IITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby of	certify that the information supplied with this fi	iling does not qualify for	the exemp	otions con	tained in Chapter 11	9. Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director		

132. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Fiolida Statutes. That the 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:

NATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

William R. Greenfield

9 561

561-392-6662

Daytime Phone #