2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED --Apr 24, 2006 08:00 AN Secretary of State

Daytime Prione #

ANNUAL REPORT				Apr 24, 2006 08:00 z	
1. Entity Nam	OCUMENT # S00476 NULL NAME TIONAL TECHNICAL COMMUNICATIONS CO., INC.			Secretary of State	
Principal Place of Business Mailing Address 8645 PORT SAID STREET P.O BOX 2027 ORLANDO, FL 32817-1624 US WINTER PARK, FL 32790 US			US		
DO NOT WRITE IN THIS SPACE				04042006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3036689 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTMAN, MICHAEL 7457 ALOMA AVE SUITE 202 OVIEDO, FL 32792				DO NOT WRITE IN THIS SPACE	
the obligat	named entity submits this statement for the clons of registered agent. Signature, typed or printed name of registered agent and to the common statement of the common statement and the common stat		ad Agent signature required	red agent, or both, in the State of Florida. I am familiar with, and accept when renstating) DATE .00 May Be led to Fees	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND DIR DPS EASTMAN, MICHAEL 8645 PORT SAID STREET ORLANDO, FL 328171624	ECTORS		U00000525378 05/04/06-80033-003 150.00 DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this on this report or supplemental lepart is true poration or the receiver or trustee dispower or on an attachment with an address, with	filing does not qualify for the ex and accurate and that my signa ed to execute this report as requi all other like empowered.	emptions contained ture shall have the fired by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	