


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # S38271 1. Entity Name T.C.C.D. INTERNATIONAL, INC.	
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Principal Place of Business 2301 NW 33RD CT STE 103 POMPAÑO BEACH, FL 33069	Mailing Address 2301 NW 33RD CT STE 103 POMPAÑO BEACH, FL 33069
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02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0249503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARCE, ROBERT WAYNE 2888 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFLEN, THEODORE T. 2301 NW 33 CT STE 103 POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALFLEN, THEODORE T. 2301 NW 33 CT STE 103 POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFLEN, CATHERINE A 2301 NW 33 CT STE 103 POMPAÑO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000920456 05/14/08-80045-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Ted Alflen 4/21/08 954-960-4904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #