# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 28, 2005**
**Secretary of State**

DOCUMENT# S56638

**Entity Name:** TTFF, INC.

**Current Principal Place of Business:**

11919 SW 42 CT
DAVIE, FL 33330

**New Principal Place of Business:**

11919 OAK LEAF DRIVE
DAVIE, FL 33330

**Current Mailing Address:**

11919 SW 42 CT
DAVIE, FL 33330

**New Mailing Address:**

11919 OAK LEAF DRIVE
DAVIE, FL 33330

**FEI Number: 65-0265302** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHEINMAN, SARA
11919 SW 42 CT
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

SCHEINMAN, SARA
11919 OAK LEAF DRIVE
DAVIE, FL 33330 US

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.

SIGNATURE: 06/28/2005
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SCHEINMAN, DAVID M.,
Address: 11919 SW 42 CT
City-St-Zip: DAVIE, FL 33330

Title: P ( ) Delete
Name: SCHEINMAN, SARA
Address: 11919 SW 42 CT
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: SCHEINMAN, DAVID M.,
Address: 11919 OAK LEAF DRIVE
City-St-Zip: DAVIE, FL 33330

Title: P (X) Change ( ) Addition
Name: SCHEINMAN, SARA
Address: 11919 OAK LEAF DRIVE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA SCHEINMAN PRES 06/28/2005
Electronic Signature of Signing Officer or Director — Date