2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM **Secretary of State** DOCUMENT # V32736 1. Entity Name TTE, INC. Principal Place of Business Mailing Address 126 EAST JEFFERSON STREET ORLANDO FL 32801 126 EAST JEFFERSON STREET ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3125208 Not Applicable Zio Country Zία Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, JR., JAMES E. Street Address (P.O. Box Number is Not Acceptable) 126 E. JÉFFÉRSON STREET ORLANDO FL 32801 Zip Code City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed hame of registered agent and lifte it applicable. CATE (NOTE: Registered Agent signature required when ternstating) FILE NOW!!! FEE JS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tQ. 11. Change Addition TITLE Delete SHILE NAME TAYLOR, JAMES E., JR. NAME U00000406576 STREET ADDRESS STREET ADDRESS 126 E JEFFERSON ST. 02/07/05-80093-025 150.00 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition C Defete THILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -SI - ZIP ☐ Delete 3133.E ☐ Change Addition TOTALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY+ST-ZIP TITLE ☐ Oefete TAILE Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

1-19-06 407843-4310

FILED