


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90249 033 \*\*\*150.00

<b>DOCUMENT # 188850</b>	
1. Entity Name T C P C CORPORATION	

Principal Place of Business 10001 EAST BAY HARBOR DR. 1-N BAY HARBOR ISLANDS, FL 33154	Mailing Address 10001 EAST BAY HARBOR DR. 1-N BAY HARBOR ISLANDS, FL 33154
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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04272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-0791940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HAUSER, MARC ESQ. 1111 KANE CONCOURSE 616 BAY HARBOR ISLAND, FL 33154
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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 LAUGHLIN, GEORGE <input checked="" type="checkbox"/> Delete 10001 E BAY HARBOR DR., #2-N BAY HARBR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, MITTIE F <input type="checkbox"/> Delete 10001 E. BAY HARBOR DR., #1-N BAY HARBOR ISLANDS,, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPERENA, GABRIEL <input type="checkbox"/> Delete 10001 E BAY HARBOR DR., #1-S BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Welstead, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10001 E Bay Harbor Dr. #3-S Bay Harbor Islands, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_