


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 188850</b> 1. Entity Name <b>T C P C CORPORATION</b>	
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Principal Place of Business <b>10001 EAST BAY HARBOR DR. 1-N BAY HARBOR ISLANDS, FL 33154</b>	Mailing Address <b>10001 EAST BAY HARBOR DR. 1-N BAY HARBOR ISLANDS, FL 33154</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0791940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HAUSER, MARC ESQ. 1111 KANE CONCOURSE 616 BAY HARBOR ISLAND, FL 33154</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELSTEAD, THOMAS 10001 E BAY HARBOUR DR #3-S MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, MITTIE F 10001 E. BAY HARBOR DR., #1-N BAY HARBOR ISLANDS., FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPERENA, GABRIEL 10001 E BAY HARBOR DR., #1-S BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000750146 05/18/07-80049-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Thomas Welstead 4/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #