

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005274

FILED
Jan 10, 2006
Secretary of State

Entity Name: TCS DESIGN & MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

324 CORDER ROAD
WARNER ROBINS, GA 31088

New Principal Place of Business:

Current Mailing Address:

324 CORDER ROAD
WARNER ROBINS, GA 31088

New Mailing Address:

FEI Number: 58-1829545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPPINO, JOHN N
124 E MIRACLE SKIP PARKWAY
SUITE 202
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: LUPPINO, JOHN N
Address: 102 PUTTERS COURT
City-St-Zip: WARNER ROBINS, GA

Title: SD () Delete
Name: BENEHALEY, MONTY
Address: 111 COVEY RISE
City-St-Zip: WARNER ROBINS, GA

Title: D () Delete
Name: LUPPINO, DOMENIC
Address: 1050 SW 13 PLACE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCTD (X) Change () Addition
Name: LUPPINO, JOHN N
Address: 102 PUTTERS COURT
City-St-Zip: WARNER ROBINS, GA 31088

Title: SD (X) Change () Addition
Name: BENENHALEY, MONTY
Address: 111 COVEY RISE
City-St-Zip: WARNER ROBINS, GA 31088

Title: D (X) Change () Addition
Name: LUPPINO, DOMENIC
Address: 1050 SW 13 PLACE
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN N LUPPINO

PCTD

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date