2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000286

1. Entity Name
TPUSA, INC.

Principal Place of Business	Mailing Address
1991 SOUTH 4650 WEST SALT LAKE CITY, UT 84104	1991 SOUTH 4650 WEST SALT LAKE CITY, UT 84104

DO NOT WRITE IN THIS SPACE

02142006 No Chg-P CR2E034 (11/05)

4. FEI Number
87-0512021

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H06000450393
03/10/06-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DATO, DOMINIC
STREET ADDRESS	1991 SOUTH 4650 WEST
CITY-ST-ZIP	SALT LAKE CITY, UT 84104
TITLE	ST
NAME	KLOTZ, CHARLES
STREET ADDRESS	1601 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	JULIEN, DANIEL
STREET ADDRESS	1601 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	BERRIBI, JACQUES
STREET ADDRESS	1601 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	ALLARD, CHRISTOPHE
STREET ADDRESS	1601 WASHINGTON AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	HANSEN, BRAD
STREET ADDRESS	1991 SOUTH 4650 WEST
CITY-ST-ZIP	SALT LAKE CITY, UT 84104

DO NOT WRITE IN THIS SPACE

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: _____ 2/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #