

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000286

Entity Name: TPUSA, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

1991 SOUTH 4650 WEST
SALT LAKE CITY, UT 84104

New Principal Place of Business:

Current Mailing Address:

1991 SOUTH 4650 WEST
SALT LAKE CITY, UT 84104

New Mailing Address:

FEI Number: 87-0512021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: DATO, DOMINIC
Address: 1991 SOUTH 4650 WEST
City-St-Zip: SALT LAKE CITY, UT 84104

Title: ST () Delete
Name: KLOTZ, CHARLES
Address: 1601 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: JULIEN, DANIEL
Address: 1601 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: BERRIBI, JACQUES
Address: 1601 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ALLARD, CHRISTOPHE
Address: 1601 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: HANSEN, BRAD
Address: 1991 SOUTH 4650 WEST
City-St-Zip: SALT LAKE CITY, UT 84104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRAD N. HANSEN

MR.

04/25/2008

Electronic Signature of Signing Officer or Director

Date