

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003245

Entity Name: TELEPLUS WORLD, CORP.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

4960 NW 165 ST., UNIT B24  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

4960 NW 165 ST., UNIT B24  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 90-0045023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEELY, CRIS  
4960 NW 165 ST., UNIT B24  
MIAMI LAKES, FL 33014 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: CP ( ) Delete  
Name: SILVASAN, MARIUS  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

Title: DVP ( ) Delete  
Name: NEELY, CRIS  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: CARDELLE, CARLOS  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: CHOW, GORDON  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: KARPHEDE, MICHAEL  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: WRETSELL, HAKAM  
Address: 4960 NW 165 ST., UNIT B24  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
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: CRIS M. NEELY

CFO

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date