

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45374

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: TEP HOLDINGS, INC.

## Current Principal Place of Business:

3300 UNIVERSITY DR.  
STE 001  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

1951 NW 19TH STREET  
SUITE 200  
BOCA RATON, FL 33431

## Current Mailing Address:

3300 UNIVERSITY DR.  
STE 001  
CORAL SPRINGS, FL 33065

## New Mailing Address:

1951 NW 19TH STREET SUITE 200  
BOCA RATON, FL 33431

FEI Number: 59-2745379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIFIORE, CORA  
3300 UNIVERSITY DR.  
STE 001  
CORAL SPRINGS, FL 33065 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: CEOS ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D ( ) Delete  
Name: FALCONE, EDWARD  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VAS ( ) Delete  
Name: DIFIORE, CORA  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: P (X) Delete  
Name: EISNER, NEIL  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP ( ) Delete  
Name: EVASIUS, JOHN  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 3300 UNIVERSITY DR STE 001  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## 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 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: ARTHUR FALCONE

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date