

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J45374

FILED
May 02, 2007
Secretary of State

Entity Name: TEP HOLDINGS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOS () Delete
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: D () Delete
Name: FALCONE, EDWARD
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: VAS () Delete
Name: DIFIORE, CORA
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Delete
Name: EVASIUS, JOHN
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 US

Title: D () Delete
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431 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:

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: ARTHUR FALCONE

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date