07-11-2008 90064 001 ***150.00
07-11-2008 90064 002 *****8.75
L20776

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015239

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L20776

1. Entity Name
TES INDIAN RIVER HOLDINGS, INC.

Principal Place of Business	Mailing Address
~~C/O LYNN B. LEWIS~~ ~~1390 BRICKELL AVE., STE 280~~ ~~MIAMI, FL 33131~~ US	~~C/O LYNN B. LEWIS~~ ~~1390 BRICKELL AVE., STE 280~~ ~~MIAMI, FL 33131~~ US

12192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
C/o Sol Emmon	←	
Suite, Apt. #, etc.: 20854 Via Valensia Dr.	Suite, Apt. #, etc.: ←	
City & State: Boca Raton, Fl.	City & State: ←	
Zip: 33433 / Country	Zip: ←	Country

4. FEI Number: 65-0155717 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMMON, SOL 20854 VIA VALENCIA DR BOCA RATON, FL 33433	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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)

Annual Rpt #150.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MEDINA, JUAN L C/O IFM LIMITED, 44 ESPLANADE ST. HELIER, JRSY JE1 3UO, UK ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M. ANGST MARC 2, RUE THALBERG 1211 GENEVA 1 / SWITZERLAND ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] JUNE 3RD 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #