2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L70828

Entity Name: T'S PLUS, INC.

Current Principal Place of Business:

19800 VETERANS BLVD
A-7
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

19800 VETERANS BLVD
A-7
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

FEI Number: 65-0195628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLINAX, TENNEY
1811 SW 62ND PLACE
MIAMI, FL 33155 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: D ( ) Delete
Name: MULLINAX, TENNEY,
Address: 1811 S.W. 62ND PLACE
City-St-Zip: MIAMI, FL

Title: P ( ) Delete
Name: MULLINAX, SAMUEL
Address: 6937 PITOMBA STREET
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MULLINAX, TENNEY E
Address: 1811 S.W. 62ND PLACE
City-St-Zip: MIAMI, FL 33155

Title: P (X) Change ( ) Addition
Name: MULLINAX, SAMUEL W
Address: 6937 PITOMBA STREET
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Change (X) Addition
Name: MULLINAX, KAREN M
Address: 6937 PITOMBA STREET
City-St-Zip: NORTH PORT, FL 34286

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: SAMUEL MULLINAX P 02/02/2007

Electronic Signature of Signing Officer or Director Date