

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003240

FILED
Mar 24, 2006
Secretary of State

Entity Name: TAU EPSILON PHI EPSILON DEUTERON, INC.

Current Principal Place of Business:

742 MYRTLEWOOD LN
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

742 MYRTLEWOOD LN
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 82-0541673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JEFFEREY
4860 HERON POINT DR.
#127
TAMPA, FL 33616 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYLE, JAMES D
Address: 1201 WOODIRON DR
City-St-Zip: DULUTH, GA 30097

Title: MALD () Delete
Name: LUIS, PELAEZ M
Address: 2212 TIMBERWOOD CIR S
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD () Delete
Name: DIMARCO, SALVATORE L
Address: 4928 LEEWARD LN
City-St-Zip: DANIA BEACH, FL 33312

Title: TD () Delete
Name: MINICLIER, SEAN O
Address: 742 MYRTLEWOOD LN
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: LEVINE, BRIAN
Address: 8411 SW 143 AVE.
City-St-Zip: MIAMI, FL 33183

Title: HM () Delete
Name: DELEO, MATTHEW M
Address: 3407 N YOUNG RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOYLE, JAMES D
Address: 212 E 6TH ST
City-St-Zip: JACKSONVILLE, FL 32206

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

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

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BOYLE

PD

03/24/2006

Electronic Signature of Signing Officer or Director

Date