

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003240

FILED
Apr 13, 2007
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:

212 E 6TH ST
JACKSONVILLE, FL 32206

Current Mailing Address:

742 MYRTLEWOOD LN
MELBOURNE, FL 32940

New Mailing Address:

212 E 6TH ST
JACKSONVILLE, FL 32206

FEI Number: 82-0541673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

JAMES, JEFFEREY
311W. WEST ST.
TAMPA, FL 33602 US

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: JEFFEREY JAMES

04/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: TD (X) Change () Addition
Name: JAMES, JEFF
Address: 311 W. WEST ST
City-St-Zip: TAMPA, FL 33602

Title: SD (X) Change () Addition
Name: MCGEE, MIKE
Address: 14208 COLONIA LAKES DR
City-St-Zip: ORLANDO, FL 32826

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

04/13/2007

Electronic Signature of Signing Officer or Director

Date