


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P00000057169	
1. Entity Name TLP INDUSTRIES, INC.	

Principal Place of Business 19100 SW 304TH STREET HOMESTEAD, FL 33030	Mailing Address 19100 SW 304TH STREET HOMESTEAD, FL 33030
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02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAY, PAMELA A 19100 SW 304TH STREET HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

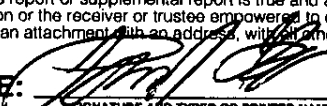
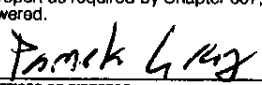
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE 		DATE 2/11/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, PAMELA A 19100 SW 304TH STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAY, TIMOTHY S 19100 SW 304 STREET HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000848780
03/20/08-80032-008 150.00

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: 		DATE 2/11/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
		<small>Daytime Phone # 786-259-3386</small>