

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114451

Entity Name: T.C.P.P. BROKERAGE, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

756 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 349984 US

New Principal Place of Business:

756 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

Current Mailing Address:

756 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 349984 US

New Mailing Address:

756 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 US

FEI Number: 45-0489042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREAULT, LAWRENCE
756 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984 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: P () Delete
Name: BREAULT, LAWRENCE
Address: 2674 S.E. ERICKSON DR.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: ST () Delete
Name: BREAULT, MEREDITH
Address: 2674 S.E. ERICKSON DR.
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: MGR () Delete
Name: LICAUSI, JANET
Address: 2726 SERENITY CIRCLE SOUTH
City-St-Zip: FORT PIERCE, FL 34981

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:

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: MEREDITH BREAULT

ST

01/19/2006

Electronic Signature of Signing Officer or Director

Date