

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 12, 2008
Secretary of State**

DOCUMENT# P03000010461

Entity Name: T P I EAST COAST INC.

Current Principal Place of Business:

301 CIVIC COURT
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

BOX 900488
739 WASHINGTON AVENUE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 57-1148275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBERTI, T. R
301 CIVIC COURT
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/ D () Delete
Name: LIBERTI, SONIA E PRES
Address: 301 CIVIC COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: LIBERTI, T R
Address: 301 CIVIC COURT
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: S E LIBERTI

P/D

06/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date