

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049900

Entity Name: TSUS1, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

2053 US HIGHWAY US 1
VERO BEACH, FL 32960

New Principal Place of Business:

947 20TH PLACE
VERO BEACH, FL 32960

Current Mailing Address:

P.O. BOX 643113
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 57-1175459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, JENNIFER S
P.O. BOX 643113
VERO BEACH, FL 32964 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: D () Delete
Name: MALONE, JENNIFER S
Address: P.O. BOX 643113
City-St-Zip: VERO BEACH, FL 32964

Title: VP () Delete
Name: SCHLITT, JOSEPH P
Address: 866 41ST COURT
City-St-Zip: VERO BEACH, FL 32966

Title: VP () Delete
Name: SCHLITT, NATALIE L
Address: 26 SAILFISH RD
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: SCHLITT, KIMBERLY A
Address: 1401 S BAY VILLA PLACE, SUITE B
City-St-Zip: TAMPA, FL 33629

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: () 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: JENNIFER S. MALONE

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date