



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000069788			
1. Entity Name T E P M, INC.			
Principal Place of Business C/O 2755 E. OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE, FL 33306		Mailing Address P.O. BXO 2122 POMPAÑO BEACH, FL 33060	
			
		02082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 51-0471785	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			
LANE, PAUL J 2755 E. OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE, FL 33306			
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 _____ (NOTE: Registered Agent signature required when re-filing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	MCMAHON, THOMAS R		
STREET ADDRESS	C/O 2755 E. OAKLAND PARK BLVD., STE. 300		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Thomas R. McMahon</u>		Date: <u>2/8/06</u>	Daytime Phone #: <u>954 - 942-8768</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			