
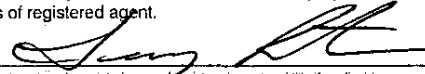
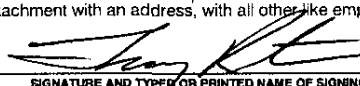


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90018 010 ***550.00

DOCUMENT # P03000083528 1. Entity Name TP 003, INC					
Principal Place of Business 1160 DELANEY AVE ORLANDO, FL 32806 US			Mailing Address 1160 DELANEY AVE ORLANDO, FL 32806 US		
2. Principal Place of Business 717 West Smith St. Suite, Apt. #, etc.		3. Mailing Address 717 West Smith St. Suite, Apt. #, etc.			
City & State Orlando FL Zip 32804 Country USA		City & State Orlando FL Zip 32804 Country USA		4. FEI Number 03-0525261 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DANIEL, PAUL A 1160 DELANEY AVE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Tracy Reinstein Street Address (P.O. Box Number is Not Acceptable) 717 West Smith Street City Orlando FL Zip Code 32804		
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  Tracy Reinstein 8/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINSTEIN, TRACY 511 B CHRISTOR PL ORLANDO, FL 32803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracy Reinstein 717 West Smith Street Orlando FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIEL, PAUL A 1160 DELANEY AVE ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Tracy Reinstein 8/12/04 407-835-0646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
54069591
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TP003, Inc
(Name of corporation)

DOCUMENT NUMBER: P03000083528

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Reinstein
(Name of contact person)

Taste
(Firm/Company)

717 W. Smith Street
(Address)

Orlando FL 32804
(City/state and zip code)

For further information concerning this matter, please call:

Tracy Reinstein at (407) 808 7011
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attachment 540695-91
P03000083528

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TP003, INC
2. The principal office address: 717 W. Smith St. Orlando FL 32804
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/30/03 Document number: P03000083528
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Paul A. Daniel
1160 Delaney Ave
Orlando FL 32806

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracy Reinstein
717 West Smith St.
(P.O. Box NOT acceptable)
Orlando FL 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Tracy Reinstein
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

7/24/04
(Date)

If signing on behalf of an entity:

Tracy Reinstein
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314