## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000037757

Entity Name: TCOMPS.COM, INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2750 MYSTIC COVE DR. 424 E. CENTRAL BLVD ORLANDO, FL 32812 355

ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

 2750 MYSTIC COVE DR.
 424 E. CENTRAL BLVD

 ORLANDO, FL 32812
 355

 ORLANDO, FL 32801

FEI Number: 20-0659386 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, THOMAS R
2750 MYSTIC COVE DR.
ORLANDO, FL 32812 US

THOMPSON, THOMAS R
424 E. CENTRAL BLVD
355
ORLANDO, FL 32801 US

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: 01/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: CEO (X) Change () Addition

Name:THOMPSON, THOMAS RName:THOMPSON, THOMAS RAddress:2750 MYSTIC COVE DR.Address:424 E. CENTRAL BLVD SUITE 355

City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32801

 Title:
 CFO () Delete
 Title:
 CFO (X) Change () Addition

 Name:
 THOMPSON, JONATHAN E
 Name:
 THOMPSON, JONATHAN E

 Address:
 2750 MYSTIC COVE DR.
 Address:
 424 E. CENTRAL BLVD SUITE 355

City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Title:
 VP
 (X) Delete
 Title:
 ( ) Ch

 Name:
 THOMPSON, DONNA C
 Name:

 Address:
 2750 MYSTIC COVE DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS THOMPSON CEO 01/28/2005