2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90121 026 ***150.00

DOCUMENT # P04000076680

1. Entity Name
TSCS SERVICES, INC.

Principal Place of Business	Mailing Address
6510 PATHELEN DR PORT ORANGE, FL 32127	PO BOX 290895 PORT ORANGE, FL 32129

03172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
420 Lakebridge Plaza Dr #708	Same
Suite, Apt. #, etc.: # 708	Suite, Apt. #, etc.:
City & State: Ormond Beach Fl	City & State:
Zip: 32174 Country: Volusia	Zip: Country:

4. FEI Number: 73 1710995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPARBY, TAMARA A 6510 PATHELEN DR PORT ORANGE, FL 32127	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Tamara Sparby Tamara Sparby President DATE: 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SPARBY, TAMARA A 6510 PATHELEN DR PORT ORANGE, FL 32127	☐ Delete	50 Shares Tamara Sparby 420 Lakebridge Plaza Dr #708 Ormond Bch, Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPARBY, CASSIE N 6510 PATHELEN DR PORT ORANGE, FL 32127	☐ Delete	VP 10 shares Cassie Sparby 420 Lakebridge Plaza Dr #708 Ormond Bch Fl 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Secretary 10 shares Cody Sparby 420 Lakebridge Plaza Dr #708 Ormond Bch, Fl 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Tamara Sparby Tamara Sparby Pres 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 386 846 6733