

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90051 031 \*\*\*150.00

<b>DOCUMENT # P04000149487</b> 1. Entity Name <b>TECHNOLOGY SUPPORT SYSTEMS, INC.</b>					
Principal Place of Business <b>1731 WAKEFIELD DR BRANDON FL 33511</b>			Mailing Address <b>1731 WAKEFIELD DR BRANDON FL 33511</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>27-0108429</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent  <b>MARLOW &amp; MCNABB, PA 324 S HYDE PARK AVE SUITE 210 TAMPA FL 33606</b> ADDRESS CHANGE ✓			7. Name and Address of New Registered Agent Name <b>SAMIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1560 WEST CLIVELAND STREET</b> City <b>Tampa</b> FL Zip Code <b>33606</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARISH, PATRICK E 1731 WAKEFIELD DR BRANDON FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COOPER, STEPHANIE 1731 WAKEFIELD DR BRANDON FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TALAMANTES, FERNANDO 1731 WAKEFIELD DR BRANDON FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COOPER, RICHARD 302 BROCKFIELD DRIVE SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2801 EAST WILLIAMS ROAD PLANT CITY, FL 33565</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2801 EAST WILLIAMS ROAD PLANT CITY, FL 33565</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: Patrick E. Parish - Patrick E. Parish - PRIS. 2-9-06 727-424-3921</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					