
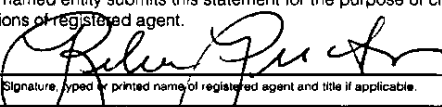



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90207 038 ***150.00

DOCUMENT # P05000011116					
1. Entity Name TSP SYSTEMS INC.					
Principal Place of Business 7110 VICTORIA CIRCLE UNIVERSITY PARK, FL 34201			Mailing Address 7110 VICTORIA CIRCLE UNIVERSITY PARK, FL 34201		
2. Principal Place of Business - No P.O. Box # 12383 N. Via Tuscania		3. Mailing Address 12383 N. Via Tuscania			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clovis, CA		City & State Clovis, CA		4. FEI Number 20-2279658	
Zip 93619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, EDWIN 7110 VICTORIA CIRCLE UNIVERSITY PARK, FL 34201			7. Name and Address of New Registered Agent Name: Proctor, Rebecca J., Esq. Street Address (P.O. Box Number is Not Acceptable): 1990 Main St #700 City: Sarasota FL Zip Code: 34634		
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PSD NAME WILLIAMS, EDWIN STREET ADDRESS 7110 VICTORIA CIRCLE CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete				
TITLE VTD NAME COFFIN, ELIZABETH STREET ADDRESS 6 IPSWICH STREET CITY-ST-ZIP BILLERICA, MA 01862	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PSD NAME Williams, Edwin STREET ADDRESS 12383 N. Via Tuscania CITY-ST-ZIP Clovis, CA 93619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VTD NAME Coffin, Elizabeth STREET ADDRESS 4714 212th St SW #208 CITY-ST-ZIP Mountlake Terrace, WA 98043	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: 		Elizabeth Coffin		April 11, 2007 (727) 366-9337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	