

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060937

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TLS MANAGEMENT SERVICES, CORP

## Current Principal Place of Business:

3430 PINEWALK DRIVE NORTH  
SUITE 611  
MARGATE, FL 33063

## New Principal Place of Business:

## Current Mailing Address:

3430 PINEWALK DRIVE NORTH  
SUITE 611  
MARGATE, FL 33063

## New Mailing Address:

FEI Number: 59-3842702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWIECKI, TAMMY L  
3430 PINEWALK DRIVE NORTH  
SUITE 611  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SWIECKI, TAMMY L  
Address: 3430 PINEWALK DRIVE NORTH SUITE 611  
City-St-Zip: MARGATE, FL 33063 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Change (X) Addition  
Name: GOZZI, CARMEN  
Address: 658 NW 7TH AVE  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARMEN GOZZI

DIR

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date