

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2005 8:00 am
Secretary of State

DOCUMENT # P93000080296 1. Entity Name TPC CORPORATION					
Principal Place of Business 118 THATCH PALM COVE BOCA RATON FL 33432-7521			Mailing Address 118 THATCH PALM COVE BOCA RATON FL 33432-7521		
2. Principal Place of Business 118 THATCH PALM COVE			3. Mailing Address 118 THATCH PALM COVE		
Suite, Apt. #, etc. BOCA RATON FL.			Suite, Apt. #, etc. 		
City & State FL			City & State BOCA RATON FL		
Zip 33432		Country 		Zip 33432	
Country 		4. FEI Number 65-0452086			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMSAY, RITA 118 THATCH PALM COVE BOCA RATON FL 33432-7521			7. Name and Address of New Registered Agent 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 <u><i>Rita Ramsay</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 1-29-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 RAMSAY, RITA 118 THATCH PALM COVE BOCA RATON FL		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u><i>Rita Ramsay</i></u>			1-29-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		