

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085082

Entity Name: TPS GUATEMALA ONE, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

C/O D.E SCHWARTZ  
702 N. FRANKLIN STREET  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

C/O D.E SCHWARTZ  
P.O. BOX 111  
TAMPA, FL 336020111 US

## New Mailing Address:

FEI Number: 59-3282441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDEVITT, S.M.  
702 N. FRANKLIN STREET  
TAMPA, FL 33602 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: PTD ( ) Delete  
Name: GILLETTE, G.L.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

Title: D ( ) Delete  
Name: RAMIL, J. B.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

Title: VD ( ) Delete  
Name: PAYNE, S. M.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

Title: V ( ) Delete  
Name: URRUTIA, V.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

Title: S (X) Delete  
Name: SCHWARTZ, D.E.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GILLETTE, G.L.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

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

Title: T (X) Change ( ) Addition  
Name: CALLAHAN, S. W.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

Title: S (X) Change ( ) Addition  
Name: SCHWARTZ, D. E.  
Address: 702 N. FRANKLIN STREET  
City-St-Zip: TAMPA, FL 336024418

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

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: D. E. SCHWARTZ

S

04/30/2007

Electronic Signature of Signing Officer or Director

Date