


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90114 043 \*\*\*150.00

<b>DOCUMENT # P95000090053</b> 1. Entity Name <b>TS PIERCE CORP.</b>			
Principal Place of Business <b>21301 POWERLINE RD SUITE 312 BOCA RATON, FL 33433 US</b>		Mailing Address <b>P O BOX 11229 KNOXVILLE, TN 37939 US</b>	
2. Principal Place of Business <b>925 SOUTH FEDERAL HIGHWAY</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 425</b> City & State <b>BOCA RATON, FL</b> Zip <b>33432</b>	
4. FEI Number <b>59-3344425</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WALTERS, CLIFFORD L 802 11ST STREET WEST BRADENTON, FL 34250</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVIN, RICHARD 1733 WEST FLETCHER AVENUE TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEVIN, RICHARD 340 S. PALM AVENUE, APT. 45 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD RICE, SUZANNE L 1733 FLETCHER AVENUE TAMPA, FL 33612	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LEVIN, STEVEN 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	

Till Levin, Treasurer 3/24/06 (865) 584-4175