

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97810

Entity Name: TFPS, INC.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

550 NW LEJEUNE RD
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

550 NW LEJEUNE RD
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0328495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, RAY
550 NW LEJEUNE RD
MIAMI, FL 33126 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: VC () Delete
Name: MUSTALESKI, THOMAS
Address: PO BOX 2009
City-St-Zip: OAK RIDGE, TN 37831

Title: C () Delete
Name: LEVERT, ERNEST
Address: PO BOX 650003, MAIL STOP WT-48
City-St-Zip: DALLAS, TX 752650003

Title: AS () Delete
Name: MCLAUGHLIN, JOHN J.
Address: 550 NW LEJEUNE RD.
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: SHOOK, RAY
Address: 550 NW LEJEUNE RD.
City-St-Zip: MIAMI, FL 33126

Title: AT () Delete
Name: TARAFA, FRANK
Address: 550 NW LEJEUNE RD
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: LIPPHARDT, EARL
Address: 950 AVONIA RD
City-St-Zip: FAIRVIEW, PA 16415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: GREER, JAMES
Address: 248 CIRCLEGATE ROAD
City-St-Zip: NEW LENOX, IL 60451

Title: C (X) Change () Addition
Name: KOTECKI, DAMIAN
Address: 7888 FRONTIER DRIVE
City-St-Zip: MENTOR, OH 44060

Title: AS (X) Change () Addition
Name: HUFSEY, JEFFREY
Address: 550 NW LEJEUNE RD.
City-St-Zip: MIAMI, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: SHOOK, RAY

S

01/31/2005

Electronic Signature of Signing Officer or Director

Date