


**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

1053

FILED
Oct 12, 2006 8:00 A.M.
Secretary of State

DOCUMENT # F02000000128			
1. Entity Name T.C.G. MARKETING, INC.			
Principal Place of Business 925 N GRAND AVE COVINA, CA 91724		Mailing Address 925 N GRAND AVE COVINA, CA 91724	
2. Principal Place of Business 5200 Irwindale Ave Suite, Apt. #, etc. Suite 248		3. Mailing Address 5200 Irwindale Ave Suite, Apt. #, etc. Suite 248	
City & State Irwindale, CA		City & State Irwindale, CA	
Zip 91706	Country L.A.	Zip 91706	Country L.A.
4. FEI Number 88-0358780		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 FLORIDA FILING & SEARCH SERVICES, INC. 155 Office Plaza Dr, Suite A TALLAHASSEE, FL 32301		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: <i>TRAD Hodge, President</i>		DATE: 10/12/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELVIN, ANNE <input checked="" type="checkbox"/> Delete 925 N GRAND AVE COVINA, CA 91724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081301088 10/27/06--01051--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anne Gelvin <input type="checkbox"/> Delete 5200 Irwindale Ave ste 248 Irwindale, CA 91726	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Anne Gelvin</i>		DATE: 10/11/06 626 851 9040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 217	

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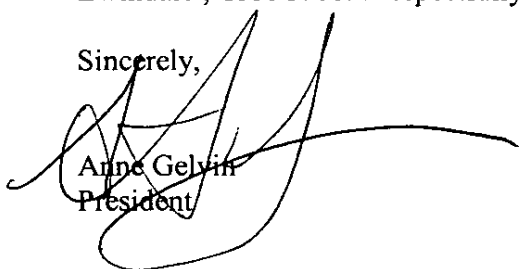
October 11, 2006

Florida Department Of State
Secretary of State
Sue M. Cobb
Devison of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please note that my address has changed and as a result, I did not receive my filing documents in a timely manner. My new address is 5200 Irwindale Ave, Suite 248, Irwindale , CA 91706. I respectfully request to have all penalties waived.

Sincerely,



Anne Gelyin
President