


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90474 015 \*\*\*158.75

DOCUMENT # F9600000721  
 1. Entity Name  
 TGF CORPORATION




Principal Place of Business Mailing Address  
 4875 PELICAN COLONY BLVD, #1001 4875 PELICAN COLONY BLVD, #1001  
 BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

2. Principal Place of Business 3. Mailing Address  
*5051 PELICAN COLONY BLVD* *1110 EUCLID AVENUE*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*904* *300*

City & State City & State  
*BONITA SPRINGS, FL* *CLEVELAND, OH*  
 Zip Country Zip Country  
*34134-6911* *USA* *44115* *USA*

*UUC* *50017486*



04262006 Chg-P CR2E034 (11/05)  
 4. FEI Number 34-1818086 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CALABRESE, STEVEN A  
 4875 PELICAN COLONY BOULEVARD  
 SUITE 1001  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
 Name *CALABRESE, STEVEN A. #*  
 Street Address (P.O. Box Number is Not Acceptable) *5051 PELICAN COLONY BLVD. 904*  
 City *BONITA SPRINGS* FL Zip Code *34134-6911*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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 CALABRESE, STEVEN A 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>CALABRESE, STEVEN A. #</i> <i>5051 PELICAN COLONY BLVD. #904</i> <i>BONITA SPRINGS, FL 34134-6911</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALABRESE, STEVEN A 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <i>CALABRESE, STEVEN A. #</i> <i>5051 PELICAN COLONY BLVD #904</i> <i>BONITA SPRINGS, FL 34134-6911</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALABRESE, ERIC M 1110 EUCLID AVE. STE. 300 CLEVELAND, OH 44115 <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
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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:  *4-26-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #