

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 030 ***150.00

DOCUMENT # 564523 1. Entity Name T. G. DESIGN, INC.			
Principal Place of Business 1850 N CONGRESS AVE F-309 W PALM BEACH, FL 33401 US		Mailing Address 1850 N CONGRESS AVE F-309 W PALM BEACH, FL 33401 US	
2. Principal Place of Business 611 Kanuga St Suite, Apt. #, etc.		3. Mailing Address 611 Kanuga St. Suite, Apt. #, etc.	
City & State Hendersonville, NC		City & State Hendersonville, NC	
Zip 28739	Country	Zip 28739	Country
6. Name and Address of Current Registered Agent SPRINKLE, BRUCE L. 1850 N CONGRESS AVE, F-309 W PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Glenn G. Schanel, CPA Street Address (P.O. Box Number is Not Acceptable) 14243 US Highway 1 City Juno Beach FL Zip Code 33408	
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 <u><i>Glenn G. Schanel</i></u> 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SPRINKLE, BRUCE L. 1850 N CONGRESS AVE., F-309 W PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Crown Lane Hendersonville, NC 28791
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 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 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: <u><i>Bruce L. Sprinkle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		BRUCE L. SPRINKLE 4-15-05 828-692-1853 PRESIDENT Date Daytime Phone #	