

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580405

FILED
Apr 27, 2008
Secretary of State

Entity Name: TOURNAMENT GOLFERS ASSOCIATION , INC.

Current Principal Place of Business:

441 S.W. 83RD AVENUE
P.O. BOX 6332 (MARGATE, FL 33093)
NO. LAUDERDALE, FL 33068 US

New Principal Place of Business:

441 S.W. 83RD AVENUE
NO. LAUDERDALE, FL 33068 US

Current Mailing Address:

441 S.W. 83RD AVENUE
P.O. BOX 6332 (MARGATE, FL 33093)
NO. LAUDERDALE, FL 33068 US

New Mailing Address:

441 S.W. 83RD AVENUE
P.O. BOX 6332 (MARGATE, FL 33093)
NO. LAUDERDALE, FL 33068 US

FEI Number: 59-1840175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANIUK, THOMAS B
441 S W 83RD AVENUE
NO LAUDERDALE, FL 33068 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: STD () Delete
Name: FEELEY, AMELIA,
Address: 390 SW 56TH AVE
City-St-Zip: PLANTATION, FL 00000,

Title: D () Delete
Name: VIGGIANI, JOHN A,
Address: 101 E ALTAMONTE DR #1031
City-St-Zip: ALTAMONTE SPRGS, FL00000,

Title: PD () Delete
Name: FRANIUK, THOMAS B,
Address: 441 SW 83RD AVE
City-St-Zip: N LAUDERDALE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: THOMAS B. FRANIUK

PD

04/27/2008

Electronic Signature of Signing Officer or Director

_____ Date