

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 010 \*\*\*150.00

**DOCUMENT # F02000006269**

1. Entity Name  
TSG GLOBAL EDUCATION WEB, INC.



Principal Place of Business  
4805 INDEPENDENCE PARKWAY  
STE 101  
TAMPA, FL 33634

Mailing Address  
4805 INDEPENDENCE PARKWAY  
STE 101  
TAMPA, FL 33634

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282007 Chg-P CR2E034 (12/06)

4. FEI Number  
06-1555428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TCS CORPORATE SERVICES, INC  
103 N MERIDIAN STREET  
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CPCE  
GROTEKE, WALTER M  
1102 SOUTH BAYSHORE BLVD  
SAFETY HARBOR, FL 34695

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
GROTEKE, WALTER R SR  
1213 ALMEDA AVENUE  
CLEARWATER, FL 33759

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TSVP  
CASTLE, PETER C  
5313 ARCHSTONE DRIVE, APT 204  
TAMPA, FL 33634

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
SCOTT FOOTE  
4805 INDEPENDENCE PKWY SUITE 101  
TAMPA, FL 33634

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4805 INDEPENDENCE PKWY SUITE 101  
TAMPA, FL 33634

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4805 INDEPENDENCE PKWY SUITE 101  
TAMPA, FL 33634

☒ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/07 (813) 2868644