
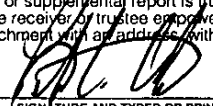


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 017 ***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 # 4710 EISENHOWER BLVD		3. Mailing Address 4710 EISENHOWER BLVD			
Suite, Apt. #, etc. SUITE F2		Suite, Apt. #, etc. SUITE F2			
City & State TAMPA - FL		City & State TAMPA - FL			
Zip 33634	Country USA	Zip 33634	Country USA	4. FEI Number 06-1555428	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC 103 N MERIDIAN STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	VP GROTEKE, WALTER R SR 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP CASTLE, PETER C 4804 INDEPENDENCE PKWY, SUITE 101 TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOOTE, SCOTT 4805 INDEPENDENCE PKWY SUITE 101 TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE ROCQUE 4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE ROCQUE 4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE ROCQUE 4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE ROCQUE 4710 EISENHOWER BLVD SUITE F2 TAMPA - FL - 33634	<input type="checkbox"/> Delete			
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: 		02/04/08 (213) 5793201			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			