


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000002846	
1. Entity Name TPGI CORPORATION	

Principal Place of Business 5360 SOUTH SERVICE ROAD BURLINGTON, ONTARIO CANADA L7L 5L1,	Mailing Address 5360 SOUTH SERVICE ROAD BURLINGTON, ONTARIO CANADA L7L 5L1,
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01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CROYLE, PHILIP J 2500 N. MILITARY TRAIL, SUITE 480 BOCA RATON, FL 33431-6342
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 registering) 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	P HOGARTH, MURRAY E 2320 LAKESHORE ROAD/ BURLINGTON, ONTARIO CANADA L7R 1B2,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOGARTH, DIANA R 2320 LAKESHORE ROAD/ BURLINGTON, ONTARIO CANADA L7R 1B2,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAVCHUK, JOHN C 232 LINWOOD CRESCENT/ BURLINGTON, ONTARIO CANADA L7L 4A1,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEAUPRE, KRISTINE 5360 S SERVICE RD BURLINGTON, ON, CA I7I5I1
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREG, HOGARTH 263 PAMONA DR BURLINGTON, ON, CA I7n 1I2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIM, HOGARTH 1201 GLEN RD BURLINGTON, ON, CA I5h 3x7

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02/01/07-80048-017 150.00

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

M.E. HOGARTH, PRESIDENT

JAN 18/07

Date

905-639-2066

Daytime Phone #