

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002846

Entity Name: TPGI CORPORATION

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

5360 SOUTH SERVICE ROAD
BURLINGTON, ON L7L 5L1 CA

New Principal Place of Business:

Current Mailing Address:

5360 SOUTH SERVICE ROAD
BURLINGTON, ON L7L 5L1 CA

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROYLE, PHILIP J
2500 N. MILITARY TRAIL, SUITE 480
BOCA RATON, FL 334316342 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: P () Delete
Name: HOGARTH, MURRAY E
Address: 2320 LAKESHORE ROAD
City-St-Zip: BURLINGTON, ON L7R 1B2 CA

Title: VD () Delete
Name: HOGARTH, DIANA R
Address: 2320 LAKESHORE ROAD
City-St-Zip: BURLINGTON, ON L7R 1B2 CA

Title: S () Delete
Name: SAVCHUK, JOHN C
Address: 232 LINWOOD CRESCENT
City-St-Zip: BURLINGTON, ON L7L 4A1 CA

Title: VP () Delete
Name: BEAUPRE, KRISTINE
Address: 5360 S SERVICE RD
City-St-Zip: BURLINGTON,, ON L7L 5L1 CA

Title: D () Delete
Name: GREG, HOGARTH
Address: 5100 SOUTH SERVICE ROAD, UNIT 1
City-St-Zip: BURLINGTON, ON L7L 6A5 CA

Title: D () Delete
Name: TIM, HOGARTH
Address: 5360 SOUTH SERVICE ROAD
City-St-Zip: BURLINGTON, ON L7L 5L1 CA

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:

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: KRISTINE BEAUPRE

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date