


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000000721	
1. Entity Name TGF CORPORATION	

Principal Place of Business 5051 PELICAN COLONY BLVD 904 BONITA SPRINGS, FL 34134-6911 US	Mailing Address 1110 ENCLID AVE 300 CLEVELAND, OH 44115 US
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1818086	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**CALABRESE, STEVEN A
5051 PELICAN COLONY BLVD
#904
BONITA SPRINGS, FL 34134-6911**

**DO NOT WRITE
IN THIS SPACE**

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

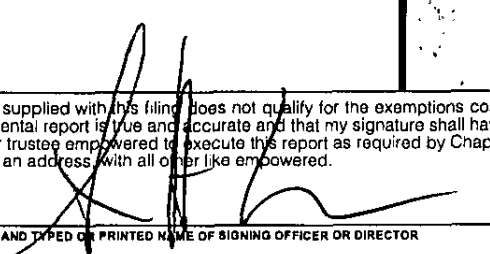
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000927399 05/20/08-80105-014 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD., #904 BONITA SPRINGS, FL 341346911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD., #904 BONITA SPRINGS, FL 341346911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALABRESE, ERIC M 1110 EUCLID AVE. STE. 300 CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #