2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000814

Entity Name: TAD PGS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	D AVENUE W DN, FL 34205	(EST, STE. 460 5						
Current Mailing Address:				New Mailing Address:				
175 BROAD HOLLOW TAX DEPT. MELVILLE, NY 11747 US								
FEI Number: 94-3289209 FEI Number Applied For () FEI Nu		FEI Numb	nber Not Applicable () Certificate of Status De		sired ()			
Name and Address of Current Registered Agent: Name and Ad						w Registered Ager	nt:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,								
in the State								
SIGNATURE: Electronic Signature of Registered Agent						 Date		
Election Cam		g Trust Fund Contribution ().	,					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DACEY, DENNI	/ENUE, WEST, SUITE 460	۸ <u>م</u>	Fitle: Name: Address: Dity-St-Zip:	DACEY, DENNIS	NUE, WEST, SUITE 460		
Title: Name: Address: City-St-Zip:	HARKINS, WEN	/ENUE WEST, SUITE 460	۸ م		HARKINS, WEND	NUE WEST, SUITE 460		
Title: Name: Address: City-St-Zip:	TROSCH, DEN	/ENUE WEST, SUITE 460	۸ <u>م</u>	Fitle: Name: Address: Dity-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	MANUEL, BRIS	/ENUE WEST, SUITE 460	۸ م	Fitle: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	WALKER, BRE	/E WEST SUITE 460	۸ م	Fitle: Name: Address: Dity-St-Zip:	LASH, THOMAS I	WEST SUITE 460		
Title: Name: Address: City-St-Zip:	CASH, THOMAS	/E WEST SUITE 460	۸ <u>م</u>	Fitle: Name: Address: Dity-St-Zip:	()(Change () Addition		

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: WENDY HARKINS VP 04/16/2009