


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K50896</b>		
1. Entity Name TYG MARKETING, INC.		
Principal Place of Business 541 S STATE RD 7 STE 7 MARGATE, FL 33068 US	Mailing Address 541 S STATE RD 7 STE 7 MARGATE, FL 33068 US	



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0089109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SMITH, PAULA M. 541 S STATE RD 7 STE 7 MARGATE, FL 33068
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SMITH, PAULA 541 S STATE RD 7 STE 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, TIMOTHY P. 541 S STATE RD 7 STE 7 MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCHBURG, EVELYN 2018 SW 29TH CT 6A2 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT-ROSE, ELLEN 2101 N ANDREWS, STE 200 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000296542  
04/09/05-80073-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paula Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 954968-1660  
Date Daytime Phone #