


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K50896
 1. Entity Name
 TYG MARKETING, INC.



Principal Place of Business Mailing Address
 541 S STATE RD 7 STE 7 541 S STATE RD 7 STE 7
 MARGATE, FL 33068 US MARGATE, FL 33068 US

DO NOT WRITE IN THIS SPACE



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 |

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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | 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 | |

1100000296542
 04/09/05-80073-002 150.00

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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 4/7/05 954968-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #