

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 11, 2006
Secretary of State**

DOCUMENT# K50896

Entity Name: TYG MARKETING, INC.

Current Principal Place of Business:

541 S STATE RD 7 STE 7
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

541 S STATE RD 7 STE 7
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 65-0089109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PAULA M.
541 S STATE RD 7 STE 7
MARGATE, FL 33068 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: PDC () Delete
Name: SMITH, PAULA,
Address: 541 S STATE RD 7 STE 7
City-St-Zip: MARGATE, FL

Title: SD () Delete
Name: SMITH, TIMOTHY P.,
Address: 541 S STATE RD 7 STE 7
City-St-Zip: MARGATE, FL

Title: D () Delete
Name: HOCHBURG, EVELYN,
Address: 2018 SW 29TH CT 6A2
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: GILBERT-ROSE, ELLEN,
Address: 2101 N ANDREWS, STE 200
City-St-Zip: FT. LAUDERDALE, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAULA SMITH

PRES

04/11/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date