2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # K66646 1. Entity Name T.G. INVESTMENT CORP. Principal Place of Business Mailing Address 7800 W OAKLAND PARK BLVD BLDG "G" 7800 W OAKLAND PARK BLVD BLDG "G" SUNRISE, FL 33351 SUNRISE, FL 33351 CR2E034 (11/05) 03092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 85-0178795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAPIERRE, REJEAN DO NOT WRITE 7800 W OAKLAND PARK BLVD BLDG "G" SUNRISE, FL 33351 IN THIS SPACE 5. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GASTON, TARDIF MAME 7800 W OAKLAND PARK BLVD BLDG "G" STREET ADDRESS SUNRISE, FL 33351 CITY-ST-ZIP U00000483024 TITLE 03/21/06-80062-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE

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 supplimental 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 recovery 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 order like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFF CER OR DIRECTOR

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Daylims Phone #

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