2007 FOR PROFIT CORPORATION

CHE LEDY/ **ANNUAL REPORT** May 01, 2007 08:00 AM Secretary of State **DOCUMENT # M88458** 1. Entity Name T.L.G. ENTERPRISE, INC. Principal Place of Business Mailing Address **1026 PINE BRANCH COURT** 1850 SW 8TH'STREET FT, LAUDERDALE, FL 33326 311 MHAMI, FL 33135 US No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GERMAIN, THOMAS L. DO NOT WRITE 1026 PINE BRANCH COURT FT LAUDERDALE, FL 33326 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GERMAIN, THOMAS L. NAME STREET ADDRESS 1026 PINE BRANCH COURT U000000752197 CITY-ST-ZIP FT LAUDERDALE, FL n5/21/07-80006-023 158.75 TILE ESTELLE, GERMAIN S NAME 1026 PINE BRANCH CT STREET ADDRESS FT LAUDERDALE, FL 33326 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 the corporation of the corporation

SIGNATURE:

NAME STREET ADDRESS CHY-SI-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR