## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P00000055289

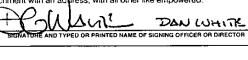


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TSCHO	LDINGS GROUP, INC.										
7897 SW JACK JAMES DR. F		Mailing Address P.O. BOX 1096 PALM CITY, FL 34991	P.O. BOX 1096			40018245					
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01202005	c	hg-P	CR2E	034 (10/03)	
City & State		City & State	City & State			4. FEI Number 65-1024368		}		<del></del>	plied For at Applicable
Zip	Country	Zip	Coun	try		5. Certifical	te of Stat	us Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name ar	d Addre	ss of New R	egistered	Agent	
WHITE, DA 7897 SW J SUITE A STUART, F	ACK JAMES DRIVE		·	Street Add	dress (F	P.O. Box Num	ber is N	ot Acceptable	)		· .
				City					FL	Zip Cod	е
SIGNATURE_	Signature, typed or printed name of registered agent  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai	ign Finar	d Agent signature	\$5.	00 May Be ed to Fees			DATE		
10.	OFFICERS AND	DIRECTORS	11.			ADDITION	S/CHAN	IGES TO OFFI	CERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DAN G 3337 SW BESSEY CREEK TR. PALM CITY, FL 34990	☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS ! CITY-ST-ZIP	D MULCAHY, ROBERT 44 PINE HILL TR. EAST TEQUESTA, FL 33469	☐ Delele			950 Jen	10 J 00 Sen B	ean each	Drive FL	#131 348	図 Change 03 ピク	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, KEVIN C 654 SW FUGE RD. STUART, FL 34997	☐ Defete		E		• • ••		<b>.</b>		Change	☐ Addilion —
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele		I .						. Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete								☐ Change	Addition

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 charged, or on an attachment with an address, with all other like empowered.

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772 221 7720 Dayline Phone #