


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90010 031 ***150.00

DOCUMENT # P0000067899	
1. Entity Name TGK PALADIN ENTERPRISES, INC.	

Principal Place of Business 3867 TIMBER RIDGE CT. PALM HARBOR FL 34685	Mailing Address 3867 TIMBER RIDGE CT. PALM HARBOR FL 34685
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2. Principal Place of Business 12501 Ulmerton Rd.	3. Mailing Address 12501 Ulmerton Rd.
Suite, Apt. #, etc. #86	Suite, Apt. #, etc. #86

City & State Largo, FL	City & State Largo, FL
Zip 33774	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 62-1820956	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KERNS, TONY GLEN 3867 TIMBER RIDGE CT. PALM HARBOR FL 34685	
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7. Name and Address of New Registered Agent	
Name Tony Glen Kerns	
Street Address (P.O. Box Number is Not Acceptable) 12501 Ulmerton Rd. #86	
City Largo, FL	Zip Code 33774

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 Tony G. Kerns	DATE 2/26/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME GLENKERNS, TONY	
STREET ADDRESS 11189 KAPOK GRAND CIRCLE	
CITY-ST-ZIP MADEIRA FL 33708	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME KERNS, DIANE	
STREET ADDRESS 11189 KAPOK GRAND CIRCLE	
CITY-ST-ZIP MADEIRA FL 33708	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: Tony G. Kerns	Date 2/26/04	Daytime Phone # (727) 224-8133
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