2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000062112

1. Entity Name

TKG SOLUTIONS, INC.



Principal Place of Business

1231 STANLEY STREET US LONGWOOD, FL 32750

Mailing Address

1231 STANLEY STREET LONGWOOD, FL 32750

US

FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90044 024 ***150.00



DO	NOT	WRITE	IN	THIS	SPACE

02282004 No Chq-P CR2E034 (10/03)

4. FEI Number 59-3726042

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

KORSON, CHRISTOPHER P 1231 STANLEY STREET LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

Olmaroy

572-657-6068

 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_	Complete a good as pointed comp of conjectured agent and title	Langiaghia (NOTE: D	conjectured Amont signature	required when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 9. Election Campaign Trust Fund Contrib			Financing	\$5.00 May Be Added to Fees	The state of the s			
10.	OFFICERS AND DIREC	TORS		•				
NAME STREET ADDRESS CITY-ST-ZIP	P KORSON, CHRISTOPHER P 1231 STANLEY STREET LONGWOOD, FL 32750			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORSON, DEBORAH J 1231 STANLEY STREET LONGWOOD, FL 32750			,				
TITLE NAME STREET ADDRESS* CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE 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.								