2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000085871 1. Entity Name TUSKAWILLA CORPORATE GENERAL TS, INC. Principal Place of Business Mailing Address 21301 POWERLINE ROAD SUITE 312 PO BOX 11229 SUITE A BOCA RATON, FL 33433 KNOXVILLE, TN 37939 D

FILED Feb 26, 2007 08:00 AM Secretary of State

(212) 880-0511



O NOT WRITE IN THIS SPACE	Ozoozoo, Ho drigt Crazcoo (1700)			
O NOI WRITE IN THIS SPACE	4. FEI Number		Applied For	
	02-0575040		Not Applicable	
	5. Certificate of Status Desired		\$8.75 Additional	

6. Name and Address of Current Registered Agent

BLALOCK LANDERS WALTERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205

the obligations of registered agent

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		000000646298 03/06/07-80025-011	150.00				
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, THOMAS 60 EAST 42ND ST NEW YORK, NY 10165						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, THOMAS 60 EAST 42ND ST NEW YORK, NY 10165	·		,			
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 life empowered.							

Thomas Schwartz, President

D NAME OF SIGNING OFFICER OR DIRECTOR

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