2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066877

Entity Name: TLG MARKETING CONSULTANTS INC

6555 N. POWERLINE RD., SUITE 114

FORT LAUDERDALE, FL 33309

Address: City-St-Zip: FILED Apr 14, 2005 Secretary of State

y		are in to contool in the interest of the	O .		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 114	OWERLINE RO I JDERDALE, F				
Current Mailing Address:			New Mailing Address:		
SUITE 114	OWERLINE RO I JDERDALE, F				
FEI Number	: 20-0002467	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 111 FORT LAU The above	POWERLINE I 4 JDERDALE, FI	_ 33309 US	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GARNER, JAM 6555 N. POWE	Delete ES P RLINE ROAD SUITE 114 DALE, FL 33309	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	WILEY, EARL 6555 N. POWE	Delete S RLINE ROAD SUITE 114 DALE, FL 33309	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VPD () BYER, PAUL A	Delete	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAUL A. BYER VP 04/14/2005