


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90148 039 ***150.00

DOCUMENT # P02000115035					
1. Entity Name TCQ, INC.					
Principal Place of Business 9933 CHARDONNAY RD ORLANDO, FL 32832			Mailing Address 9933 CHARDONNAY RD ORLANDO, FL 32832		
2. Principal Place of Business 9933 CHARDONNAY DR Suite, Apt. #, etc.			3. Mailing Address 9933 CHARDONNAY DR Suite, Apt. #, etc.		
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 14-1853446	
Zip 32832		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAM, CINDY 9933 CHARDONNAY RD ORLANDO, FL 32832			7. Name and Address of New Registered Agent Name: LAM, CINDY Street Address (P.O. Box Number is Not Acceptable): 9933 CHARDONNAY DR City: ORLANDO, FL Zip Code: 32832		
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: <i>[Signature]</i> LAM, CINDY DATE: 5-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM, CINDY 9933 CHARDONNAY RD ORLANDO, FL 32832	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM, CINDY 9933 CHARDONNAY DR ORLANDO, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
SIGNATURE: <i>[Signature]</i>			Date: 5/31/06 Daytime Phone #		

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