2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2009
Secretary of State

DOCUMENT# P03000055513

Entity Name: TCIG, CORP.

Current Principal Place of Business:

5250 INTERNATIONAL DR. STE 51
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

PMB 722, #89 DE DIEGO AVE
SUITE 105
SAN JUAN, PR 009276346

New Mailing Address:

PMB 722, #89 DE DIEGO AVE
SUITE 105
SAN JUAN, PR 00927 PR

FEI Number: 57-1175987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MEMORIAL CAPITAL CORP.	
Address:	5250 INTERNATIONAL DR. STE 51	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	OLIVERA, CARLOS J	
Address:	PO BOX 193846	
City-St-Zip:	SAN JUAN, PR 009193946	
Title:	PD	( ) Delete
Name:	CARVAJAL, LUIS E	
Address:	89 AVE DE DIEGO STE. 105	
City-St-Zip:	SAN JUAN, PR 009276346	
Title:	TD	(X) Delete
Name:	OLIVERA, CARLOS J	
Address:	PARQUE DE SANTA MARIA, CALLE MARGARITA P-1	
City-St-Zip:	SAN JUAN, PR 00921	
Title:	SD	(X) Delete
Name:	OLIVERA, FRANCISCO J	
Address:	PALMAR DE TORRIMAR CALLE 2A #103	
City-St-Zip:	GUAYNABO, PR 00969	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	OLIVERA, CARLOS J	
Address:	PO BOX 193846	
City-St-Zip:	SAN JUAN, PR 009193946 PR	
Title:	SD	(X) Change ( ) Addition
Name:	OLIVERA, FRANCISCO J	
Address:	PALMAR DE TORRIMAR CALLE 2A #103	
City-St-Zip:	GUAYNABO, PR 00969 PR	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CARLOS J. OLIVERA D 09/10/2009

Electronic Signature of Signing Officer or Director Date