2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P04000084429

Entity Name: TLC REALTY GROUP, INC.

Current Principal Place of Business:

2994 JOG ROAD, STE. A
GREENACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

2994 JOG ROAD, STE. A
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 51-0509945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLES, RICHARD D MCA
2994 JOG ROAD, STE. A
GREENACRES, FL 33414 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHEA, LINDA
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES, FL 33467

Title: D ( ) Delete
Name: HARBISON, DIANE
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES,, FL 33467

Title: P ( ) Delete
Name: HOUSE, ANTHONY H
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES, FL 33467

Title: AT ( ) Delete
Name: SARTA, RICHARD
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES, FL 33467

Title: VP ( ) Delete
Name: FISHER, LAMAR P
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES, FL 33467

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: FISHER JR, LOUIS B
Address: 2994 JOG ROAD, STE. A
City-St-Zip: GREENACRES, FL 33467

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: DIANE HARBISON D 03/10/2009

Electronic Signature of Signing Officer or Director Date