

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 15, 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: VP      (X) Delete  
Name: FISHER JR, LOUIS B  
Address: 2994 JOG ROAD, STE. A  
City-St-Zip: GREENACRES, FL 33467

**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:      ( ) 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: DIANE HARBISON

D

05/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date