2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 02-27-2006 90107 018 ***150 00 1. Entity Name TLG MARKETING RESEARCH, INC. Principal Place of Business Mailing Address 6115 N. DAVIS HWY. #60B 6115 N. DAVIS HWY. #60B PENSACOLA, FL 32504 PENSACOLA, FL 32504 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 01312006 0 000 Applied For 4. FEI Number 20-2059891 Not Applicable \$8.75 nagranas 5. Certificate of Status Desired П 00000000000 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, CHASE W Street Address (P.O. Box Number is Not Acceptable) 6115 N. DAVIS HWY. #60B PENSACOLA, FL 32504 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 a accessor FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Change ■ Addition Delete NAME SMITH, CHASE W NAME STREET ADDRESS 6115 N. DAVIS HWY, #60B STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition П Срадое TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE nn e NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachinery with an address, with all other like empowered.

FILED Feb 27, 2006 8:00 am