
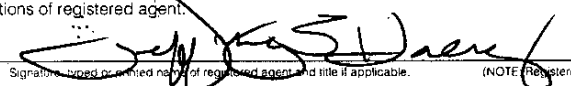
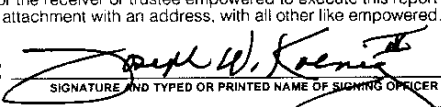


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 035 ***150.00

DOCUMENT # P05000027280 1. Entity Name TKG, INC.																													
Principal Place of Business 2401 SW POLK CT PORT ST LUCIE, FL 34953			Mailing Address 2401 SW POLK CT PORT ST LUCIE, FL 34953																										
2. Principal Place of Business - No P.O. Box # 1516 SW MOCKINGBIRD CIR		3. Mailing Address 1516 SW MOCKINGBIRD CIR																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State PORT ST LUCIE FL		City & State PORT ST LUCIE FL		4. FEI Number 02-0739065																									
Zip 34986		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name JEFFREY S. KOENIG Street Address (P.O. Box Number is Not Acceptable) 1516 SW MOCKINGBIRD CIR City PORT ST LUCIE FL Zip Code 34986																										
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:  DATE: 04/14/08 <small>Signature based on certified name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">PST</td> <td style="width:15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KOENIG, JOSEPH W III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2401 SW POLK CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE, FL 34953</td> <td></td> </tr> </table>			TITLE	PST	<input checked="" type="checkbox"/> Delete	NAME	KOENIG, JOSEPH W III		STREET ADDRESS	2401 SW POLK CT		CITY - ST - ZIP	PORT ST LUCIE, FL 34953		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">PRESIDENT/DIRECTOR</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JEFFREY S. KOENIG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1516 SW MOCKINGBIRD CIR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE FL 34986</td> <td></td> </tr> </table>			TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JEFFREY S. KOENIG		STREET ADDRESS	1516 SW MOCKINGBIRD CIR		CITY - ST - ZIP	PORT ST LUCIE FL 34986	
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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:  JOSEPH W. KOENIG III 3/9/08 321-266-0106 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													