## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000127562

Entity Name: TPI GROUP, INC.

City-St-Zip:

City-St-Zip:

Title:

Name: Address: STUART, FL 34994

BALLARD, BILLY D

28 POPLAR AVENUE

() Delete

WEST SPRINGFIELD, MA 01089

SEC

FILED Dec 15, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 256 SE KITCHING CIRCLE 1976 SE HIGH SPRINGS DRIVE STUART, FL 34994 PORT ST. LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 1976 SE HIGH SPRINGS DRIVE 256 SE KITCHING CIRCLE STUART, FL 34994 PORT ST. LUCIE, FL 34952 FEI Number: 20-3468813 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GRAHAM, SCOTT E GRAHAM, SCOTT E 256 SE KÍTCHING CIRCLE 1976 SE HIGH SPRINGS DRIVE STUART, FL 34994 PORT ST. LUCIE, FL 34952 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: SCOTT E. GRAHAM 12/15/2006 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BALLARD, BILLY D Name: Name: 28 POPLAR AVENUE Address: Address: City-St-Zip: WEST SPRINGFIELD, MA 01089 City-St-Zip: VΡ Title: Title: () Delete (X) Change ( ) Addition Name: GRAHAM, SCOTT E Name: GRAHAM, SCOTT E 256 SE KITCHING CIRCLE 1976 SE HIGH SPRINGS DRIVE Address: Address: PORT ST. LUCIE, FL 34952 STUART, FL 34994 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition TRFA () Delete TRFA GRAHAM, SCOTT E GRAHAM, SCOTT E Name: Name: 256 SE KITCHING CIRCLE 1976 SE HIGH SPRINGS DRIVE Address: Address:

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

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORT ST. LUCIE, FL 34952

() Change () Addition

SIGNATURE: SCOTT E. GRAHAM VP 12/15/2006