2007 FOR PROFIT CORPORATION

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000086930 04-30-2007 90394 008 ***158.75 1. Entity Name TG ENGINEERING, P.A. Principal Place of Business Mailing Address 8070 96TH COURT 8070 96TH COURT VERO BEACH, FL 32967 VERO BEACH, FL 32967 115 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5 1189 26 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADBURN, JOANNE L 8070 96TH COURT Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32967 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. Jam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** Delete TITLE ☐ Change ☐ Addition NAME TIEDGE, CATHY NAME 2006 SUNSET TERRACE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TIEDGE, CATHY NAME 2006 SUNSET TERRACE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADORESS 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 charged, or on an attachment wittly an address, with all other like empowered.

ME OF SIGNING OFFICER OR OTH

ATHY G. Tiedge 4/28/07

FILED