


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P33404 1. Entity Name TPG FINANCIAL, INC.	
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Principal Place of Business 1100 MAIN STE 1830 KANSAS CITY, MO 64105 US	Mailing Address 1100 MAIN STE 1830 KANSAS CITY, MO 64105 US
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1440536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERGER, REBECCA
1630 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000951061
06/04/08-80016-008 150.00
DATE

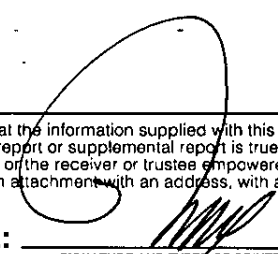
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVO, BRUCE A. 8812 LINDEN DRIVE PRAIRIE VILLAGE, KS 66207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PROVO, CAROLINA E 8812 LINDEN DR PRAIRIE VILLAGE, KS 66208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILKERSON, WALLACE R. 15723 CORDELL RD KEARNEY, MO 64060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **BRUCE A. PROVO 57800** **816-424-7444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #