


FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90423 019 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000068060 1. Entity Name TSGP, INC.	
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Principal Place of Business C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE #800 WEST PALM BEACH, FL 33401 US	Mailing Address C/O MARVIN S. ROSEN 222 LAKEVIEW AVENUE #800 WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE

40080032



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0517909	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, CYNDEE 222 LAKEVIEW AVENUE, STE. 800 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGIDI, DENNIS 800 S MILWAUKEE AVENUE SUITE 170 LIBERTYVILLE, IL 600483268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOCKER, DAVID 101 EAST 2ND STREET SUITE 100 OWENSBORO, KY 42303
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: CYNTHIA BAXTER 4/28/06 561 309 2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #