
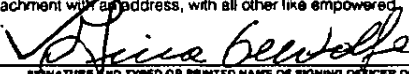


FILED  
Apr 23, 2007 8:00 am  
Secretary of State

04-23-2007 90087 004 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000071598</b>		
1. Entity Name T.G.D. CORPORATION		
Principal Place of Business 1047 BAL ISLE DRIVE FORT MYERS, FL 33919		Mailing Address 1047 BAL ISLE DRIVE FORT MYERS, FL 33919
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  DEWOLFE, GINA 1047 BAL ISLE DRIVE FORT MYERS, FL 33919		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAFSTROM, TINA 1328 CROWN ISLE CIRCLE APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEWOLFE, DEANA 1047 BAL ISLE DRIVE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFSTROM, SCOTT 1328 CROWN ISLE CIR APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/2/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #