


2004 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # F00000000599
 1. Entity Name
 TELECOMMUNICATIONS ANALYSIS GROUP, INC.



Principal Place of Business: 12 ELMWOOD RD. MENANDS, NY 12054
 Mailing Address: 12 ELMWOOD RD. MENANDS, NY 12054
 12204

DO NOT WRITE IN THIS SPACE

FILED
 05 FEB 17 AM 11:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1738500	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
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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: *Deborah Burton* DATE: 2-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, SHAUN 14 LONGSHADOW DR LATHAM, NY 12110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANEY, ANTHONY 1 ORIEL LANE RENSSELAER, NY 12144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANEY, PATRICK T JR 162 ELLIOT ROAD EAST GREENBUSH, NY 12061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGNER, WILLIAM 12 ELMWOOD RD MENANDO, NY 12204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STATEMENT 04-05</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200042761378
 11/15/04--01080--001 **150.00

800042761378
 02/28/05--01081--011 **600.00

800042761378
 02/28/05--01081--012 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Wagner* 11/9/04 518-292-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #