2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38524

FILED Apr 10, 2007 Secretary of State

Entity Name: TEXT AND ACADEMIC AUTHORS ASSOCIATION, INC.

	Principal Place of Business:	New Principal Pla	ce of Business:	
	D STREET S PARK, FL 33782 US			
Current N	failing Address:	New Mailing Addr	ess:	
PO BOX 7 SAINT PE	76477 TERSBURG, FL 33734 US			
El Number	: 59-3013967 FEI Number Applied For () F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Addres	s of New Registered Agent:	
9313 42NÍ	JANET N. DISTREET SIPARK, FL 33782 US			
	e named entity submits this statement for the purp e of Florida.	ose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Nddress: Dity-St-Zip:	P () Delete WAKEFIELD, JOHN 1805 HERMITAGE DRIVE FLORENCE, AS 35630	Title: Name: Address: City-St-Zip:	() Change () Addition	
		ony or z.p.		
Title: Name: Nddress: Dity-St-Zip:	VP () Delete HARRIS, CHRISTOPHER R MIDDLE TENNESSEE STATE UNIVERSITY MURFREESBORO, TN 37132	Title: Name: Address: City-St-Zip:	() Change () Addition	
lame: Address: City-St-Zip: Title: Jame: Address:	HARRIS, CHRISTOPHER R MIDDLE TENNESSEE STATE UNIVERSITY	Title: Name: Address:	() Change () Addition () Change () Addition	
lame: \ddress:	HARRIS, CHRISTOPHER R MIDDLE TENNESSEE STATE UNIVERSITY MURFREESBORO, TN 37132 T () Delete SULLIVAN, MICHAEL 9529 TRIPP	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address:	HARRIS, CHRISTOPHER R MIDDLE TENNESSEE STATE UNIVERSITY MURFREESBORO, TN 37132 T () Delete SULLIVAN, MICHAEL 9529 TRIPP OAK LAWN, IL 60453 S () Delete PYNN, RONALD E 100 CURTIS AVENUE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD T. HULL ED 04/10/2007