


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 12204	Mailing Address 12 ELMWOOD RD. MENANDS, NY 12054
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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. <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	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	STATEMENT 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

200042761378
02/28/05--01081--011 **600.00

200042761378
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 DATE: 11/9/04 DAYTIME PHONE: 518-292-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.