

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002919

Entity Name: THE TARRANCE GROUP, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

201 NORTH UNION STREET, STE 410
ALEXANDRIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

201 NORTH UNION STREET, STE 410
ALEXANDRIA, VA 22314

New Mailing Address:

FEI Number: 54-1636302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, WILEY
522 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: GOEAS, ED
Address: 201 NORTH UNION STREET, #410
City-St-Zip: ALEXANDRIA, VA 22314

Title: VD () Delete
Name: SACKETT, DAVID
Address: 201 NORTH UNION STREET, #410
City-St-Zip: ALEXANDRIA, VA 22314

Title: STD () Delete
Name: TRINGALI, BRIAN
Address: 201 NORTH UNION STREET, #410
City-St-Zip: ALEXANDRIA, VA 22314

Title: D () Delete
Name: VICKERY, STUART
Address: 201 NORTH UNION STREET, #410
City-St-Zip: ALEXANDRIA, VA 22314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART VICKERY

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date