2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 22, 2008
Secretary of State

DOCUMENT# F04000005539

Entity Name: TELECOMMUNICATIONS INVESTMENT OF AMERICA, INC.

Current Principal Place of Business:

920 FAIR VIEW ST
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4301 NW 120TH LANE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 48-1302759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, PIERRE-MARY
4301 N.W. 120TH LANE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

LEROY, MAUDE R
4301 N.W. 120TH LANE
SUNRISE, FL 33323 US

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: MAUDE REGINE LEROY 03/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEJEAN, MAGARET R
Address: 1280 S ALHAMBRA CIRCLE APT. 2404
City-St-Zip: CORAL GABLES, FL 33146

Title: P ( ) Delete
Name: MARTIN, PIERRE-MARY
Address: 4301 NW 120TH LANE
City-St-Zip: SUNRISE, FL 33323

Title: VP (X) Delete
Name: LEROY, MAUDE R
Address: 913 PRESTWYCK CT.
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEROY, MAUDE R
Address: 913 PRESTWYCK CT.
City-St-Zip: ALPHARETTA,, GA 30004

Title: VP (X) Change ( ) Addition
Name: DEJEAN, MARGARET R
Address: 1280 S ALHAMBRA CIRCLE APT. 2404
City-St-Zip: CORAL GABLES, FL 33146

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: MAUDE REGINE LEROY P 03/22/2008
Electronic Signature of Signing Officer or Director Date