2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006951

Title:

Name:

Address:

City-St-Zip:

Entity Name: TALLAHASSEE TECHNOLOGIES, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2031 EAST PAUL DIRAC DRIVE 3000 COMMONWEALTH BOULEVARD SUITE 236 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32310 **New Mailing Address: Current Mailing Address:** 1721 WEST PAUL DIRAC DRIVE 3000 COMMONWEALTH BOULEVARD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32303 FEI Number: 59-3528307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COBURN, T. MICHAEL COBURN, T. MICHAEL 1721 WEST PAUL DIRAC DRIVE 3000 COMMONWEALTH BOULEVARD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32303 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: 01/05/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CASPI, CHAIM COBURN, T. MICHAEL Name: Name: 2264 TYSCAVILLA ROAD 6143 PICKWICK RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32309 Title: Title: () Delete (X) Change () Addition COBURN, T. MICHAEL Name: Name: LAMM, STEVEN 6143 PICKWICK RD 1900 CENTRE POINTE BLVD Address: Address: TALLAHASSEE, FL TALLAHASSEE, FL 32308 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DAY, RICHARD Name: Name: 10200 BIGNONIA DR Address: Address: City-St-Zip: LAUREL, MD 22180 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHOULTZ, R F CAVAIOLA, LAWRENCE J Name: Name: Address: 2027 MAFAIR MCLEAN CT Address: 117 BOONE TRAIL City-St-Zip: FALLS CHURCH, VA 22043 City-St-Zip: SEVERNA PARK, MD 21146

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN B. LAMM T 01/05/2007

() Delete

LANG, VO

1008 MOUNTFORT CT

VIENNA, VA 22180

(X) Change () Addition

BOWES, WILLIAM C

661 SEQUOIA COURTCT

MORRO BAY, CA 93442