2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010727

Entity Name: TEACHERS' ACTION GROUP, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O HELEN WILLIAMS

1920 NW 56TH STREET

MIAMI, FL 33142 US

C/O MS. L. BEACHALLEN
18707 NE 2ND AVE.

MIAMI, FL 33179 US

Current Mailing Address: New Mailing Address:

C/O LORNA BEACH-MATHURA
P.O. BOX 246763
PEMBROKE PINES, FL 33024

C/O MS. LORNA BEACH-MATHURA
P.O. BOX 246763
PEMBROKE PINES, FL 33024

US

FEI Number: 20-4783448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEACH-MATHURA, LORNA
251 NW 177TH STREET
APT. #A-207
MIAMI, FL 33169 US

MS. BEACH-MATHURA, LORNA
18707 NE 2ND AVE.
MIAMI, FL 33179 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: LORNA BEACH-MATHURA 04/29/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PTD (X) Change () Addition Name: BEACH-MATHURA, LORNA Name: MS. BEACH-MATHURA, LORNA Address: 251 NW 177TH STREET, #A-207 Address: 7972 PINES BLVD

City-St-Zip: MIAMI, FL 33169 City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete Title: VPD (X) Change () Addition

 Name:
 MUTIS, LEOPOLDO
 Name:
 MR. MUTIS, LEOPOLDO

 Address:
 4001 NORTH 67 TERRACE
 4001 NORTH 67 TERRACE

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:
 HOLLYWOOD, FL 33024

Title: () Delete Title: (X) Change () Addition COLLINS, PATRICK E MR. COLLINS, PATRICK E Name: Name: 11761 SW 177 TERACE 11761 SW 177 TERACE Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177

Title: () Delete Title: SD () Change (X) Addition Name: Name: MS. SHETTLEWOOD, JULIA

 Address:
 Address:
 2610 NW 204 ST.

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33056

 Name:
 Name:
 MS. BEACHALLEN, LISA

 Address:
 Address:
 18707 NE 2ND AVE.

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33179

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: LORNA BEACH-MATHURA, BA, MPA PRES 04/29/2006