2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010727

Entity Name: TEACHERS' ACTION GROUP, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O MS. L. BEACHALLEN 18707 NE 2ND AVE. MIAMI, FL 33179 US

Current Mailing Address: New Mailing Address:

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:

 MS. BEACH-MATHURA, LORNA
 MS. BEACHALLEN, LISA

 18707 NE 2ND AVE.
 18707 NE 2ND AVE.

 MIAMI, FL 33179 US
 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: LISA BEACHALLEN 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD ()Delete Title: ()Change ()Addition

 Name:
 MS. BEACH-MATHURA, LORNA
 Name:

 Address:
 7972 PINES BLVD
 Address:

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

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

 Name:
 MR. MUTIS, LEOPOLDO
 Name:

 Address:
 4001 NORTH 67 TERRACE
 Address:

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

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

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

 Address:
 2610 NW 204 ST.
 Address:
 2601 NW 204 ST.

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

Title: D () Delete Title: SD (X) Change () Addition

 Name:
 MS. BEACHALLEN, LISA
 Name:
 MS. BEACHALLEN, LISA

 Address:
 18707 NE 2ND AVE.
 Address:
 18707 NE 2ND AVE.

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

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

SIGNATURE: LISA A. BEACHALLEN SD 04/30/2007