

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010727

FILED
Apr 29, 2008
Secretary of State

Entity Name: TEACHERS' ACTION GROUP, INC.

Current Principal Place of Business:

C/O MS. L. BEACHALLEN
18707 NE 2ND AVE.
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

MS. BEACHALLEN, LISA
18707 NE 2ND AVE.
MIAMI, FL 33179 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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MS. BEACH-MATHURA, LORNA
Address: 7972 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD () Delete
Name: MR. MUTIS, LEOPOLDO
Address: 4001 NORTH 67 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

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

Title: ASD () Delete
Name: MS. SHETTLEWOOD, JULIA
Address: 2601 NW 204 ST.
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: MS. BEACHALLEN, LISA
Address: 18707 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33179

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:

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

SIGNATURE: MS. LORNA BEACH-MATHURA, BA, MPA

PTD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date