


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90464 013 ****61.25

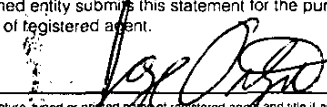
DOCUMENT # N96000002011	
1. Entity Name TECHNOLOGY EDUCATION RESEARCH REDESIGN ALLIANCE, INC.	

Principal Place of Business 1910 BUFORD BLVD 1 TALLAHASSEE, FL 32308 US	Mailing Address POST OFFICE BOX 13468 TALLAHASSEE, FL 32317-468 US
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2. Principal Place of Business - No P.O. Box # 5435 Defours Ferry Rd	3. Mailing Address P.O. Box 12848
Suite, Apt. #, etc.	Suite, Apt. #, etc.

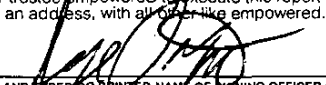
City & State Tallahassee FL	City & State Tallahassee, FL
Zip 32309	Country US
Zip 32317	Country US

6. Name and Address of Current Registered Agent EASON, D. MICHAEL 704 DUPARC CIRCLE TALLAHASSEE, FL 32312	
7. Name and Address of New Registered Agent Name Jorge Ortega Street Address (P.O. Box Number is Not Acceptable) 5435 Defours Ferry Rd. City Tallahassee FL Zip Code 32309	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, D M 704 DUPARC CIRCLE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANNS, LARRY 3993 E 21ST ST TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRY, BRIAN 4202 E. FOWLER AVE, DAC 101 TAMPA, FL 33620 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTEGA, JORGE 2757 W. PENSACOLA ST TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, LOUISE 5143 ICICLE HILL TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date 4/27/07 859/22-4172 Daytime Phone #