2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002011

FILED Mar 25, 2008 Secretary of State

Entity Name: TECHNOLOGY EDUCATION RESEARCH REDESIGN ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 5435 DEFOOR FERRY RD TALLAHASSEE, FL 32309 US **Current Mailing Address: New Mailing Address:** P.O. BOX 12848 TALLAHASSEE, FL 32317 US FEI Number: 59-3388610 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: ORTEGA, JORGE 5435 DEFOORS FERRY RD. TALLAHASSEE, FL 32309 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NANNS, LARRY NANNS, LARRY Name: Name: 2909 NORTH 40TH ST. Address: 2909 NORTH 40TH ST. Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33605 US Title: (X) Delete Title: () Change () Addition BLANCH, H LEN Name: Name: Address: 1500 BISCAYNE BLVD., SUITE 237 Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: () Delete Title: (X) Change () Addition FREEMAN, LOUISE FREEMAN, LOUISE Name: Name: Address: 5143 ICICLE HILL Address: 5143 ICICLE HILL City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 US Title: SD () Delete Title: SD (X) Change () Addition Name: FREEMAN, LOUISE Name: FREEMAN, LOUISE 5143 ICICLE HILL Address: 5143 ICICLE HILL Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 US Title: () Delete Title: () Change (X) Addition BLANCH, HELEN Name: Name: 13660 SW 100 AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176 US Title: () Delete Title: () Change (X) Addition FITTERMAN, JEFF Name: Name: Address: Address: 13901 PEPPERRELL DRIVE TAMPA, FL 33624 US City-St-Zip: 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: JORGE ORTEGA RA 03/25/2008