

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086362

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: TISA GROUP INC.

**Current Principal Place of Business:**

14104 SKYE TERRACE  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

14104 SKYE TERRACE  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

FEI Number: 65-1039365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOZAK, IRIS  
14104 SKYE TERRACE  
DELRAY BEACH, FL 33446 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOZAK, IRIS C  
Address: 14104 SKYE TERRACE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete  
Name: KOZAK, TEVIE  
Address: 14104 SKYE TERRACE  
City-St-Zip: DELRAY BEACH, FL 33446

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

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

SIGNATURE: IRIS C. KOZAK

P

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date