2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SKINATURE AND TYPED OR P

INTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000076580** 05-02-2006 90169 048 ***150.00 1. Entity Name TSA ALLIANCE INC. Principal Place of Business Mailing Address 1052 WILLA SPRINGS DRIVE 1114 LYNX TRAIL WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 IIS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chq-P CR2E034 (11/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRICK, WENDY L Street Address (P.O. Box Number is Not Acceptable) 1114 LYNX TRAIL WINTER SPRINGS, FL 32708 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE □ Сћалде ☐ Addition Brick, Gregory NAME BRICK, GREGORY P NAME 317 wirdinglake Cir STREET ADDRESS 1114 LYNX TRAIL STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition ANDERS, DAVID NAME NAME STREET ADDRESS 1035 LANCELOT WAY STREET ADDRESS CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Brick, wendy TITLE TITLE ☐ Change ■ Addition BRICK, WENDY L NAME NAME 7317 windingsalucir. STREET ADDRESS 1114 LYNX TRAIL STREET ADDRESS CITY-ST-7IP WINTER SPRINGS, FL 32708 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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.

321-231-8814