


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

| | |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000076580 |  |
| 1. Entity Name TSA ALLIANCE INC. | |

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|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business 1052 WILLA SPRINGS DRIVE WINTER SPRINGS, FL 32708 US | Mailing Address 7317 WINDING LAKE CIRCLE OVIEDO, FL 32765 US |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



05062008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 20-2923296 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRICK, WENDY L
7317 WINDING LAKE CIRCLE
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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: _____

U000000951419
06/04/08-80022-021 150.00
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

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|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRICK, GREGORY P 7317 WINDING LAKE CIR OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ANDERS, DAVID 1035 LANCELOT WAY CASSELBERRY, FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRICK, WENDY L 7317 WINDING LAKE CIR OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: J. D. Such W Brick 5/16/08 321-689-6889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #