2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P06000004283 1. Entity Name TALION, INC. Principal Place of Business Mailing Address 4400 PARK EDEN CIRCLE 4400 PARK EDEN CIRCLE ORLANDO, FL 32810 ORLANDO, FL 32810 No Chg-P CR2E034 (11/05) 04102008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0394569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALEXANDER, ANDREW I DO NOT WRITE 4400 PARK EDEN CIRCLE ORLANDO, FL 32810 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ALEXANDER, ANDREW I NAME STREET ADDRESS 4400 PARK EDEN CIRCLE CITY-ST-ZIP ORLANDO, FL 32810 TITLE ALEXANDER, ANDREW I NAME 4400 PARK EDEN CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

4072990086

Daytime Phone #