


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 036 ***150.00

DOCUMENT # P18734	
1. Entity Name TSM CORPORATION OF TENNESSEE	

Principal Place of Business 5705 STAGE RD. SUITE 240 BARTLETT, TN 38134	Mailing Address 5705 STAGE RD. SUITE 240 BARTLETT, TN 38134
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREEN, ROBERT W 6076 MAIDEN LANE MEMPHIS, TN 38120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GREEN, LINDA R 6076 MAIDEN LANE MEMPHIS, TN 38120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MOORE, STEVEN R 5633 TOURNAMENT DRIVE HAYMARKET, VA 20169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ANSPACH, RICHARD M 4114 CROSSGATE DRIVE FREDERICKSBURG, VA 22408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TUTOR, RUTH E 6009 WOODTRAIL DR MEMPHIS, TN 38120 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Moore, Steven R 2011 Crystal Dr Ste 400 Arlington, VA 22202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Cowart acct. mgr. 4/30/07 901-373-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #