2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P97000005792

Entity Name: TALLAHASSEE TECHNOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

1333 N ADAMS ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

420 E CALL STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

4979 GLEN CASTLE DR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3422964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ELIZABETH M
4979 GLEN CASTLE DR.
TALLAHASSEE, FL 32309 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:	SMITH, ELIZABETH M	
Address:	4979 GLEN CASTLE DR.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	TD	( ) Delete
Name:	SMITH, MICHAEL P	
Address:	4979 GLEN CASTLE DR.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	V	(X) Delete
Name:	KING, CHARLES E	
Address:	1524 SHELL POINT ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	SD	(X) Delete
Name:	KING, JUDITH	
Address:	1524 SHELL POINT ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	V	( ) Delete
Name:	CROSS, LOUIS III	
Address:	3137 HUTTERSFIELD CIR	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	AS	( ) Delete
Name:	CROSS, JEANNE	
Address:	3137 HUTTERSFIELD CIR	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	SMITH, MICHAEL P	
Address:	4979 GLEN CASTLE DR.	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: ELIZABETH M SMITH PRES 04/24/2008

Electronic Signature of Signing Officer or Director — Date