

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079969

FILED
Apr 25, 2005
Secretary of State

Entity Name: TRIANGLE OF TECHNOLOGY ACADEMY INC.

Current Principal Place of Business:

1 PECAN DRIVE
PENSACOLA, FL 32534

New Principal Place of Business:

1 PECAN DRIVE
PENSACOLA, FL 325343043 US

Current Mailing Address:

1 PECAN DRIVE
PENSACOLA, FL 32534

New Mailing Address:

1 PECAN DRIVE
PENSACOLA, FL 325343043 US

FEI Number: 59-3617881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, DALE R
ONE PECAN DRIVE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

SIMMONS, DALE R
ONE PECAN DRIVE
PENSACOLA, FL 325343043 US

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: DALE R SIMMONS

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SPAINHOUR, WILLIAM
Address: 3947 STADDARD RD
City-St-Zip: PENSACOLA, FL

Title: P () Delete
Name: SIMMONS, DALE R
Address: 1680 WEST TEN MILE RD
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: SIMMONS, CHIP W
Address: 11739 OLD COURSE RD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SPAINHOUR, WILLIAM M
Address: 3947 STODDARD RD
City-St-Zip: PENSACOLA, FL 32526

Title: P (X) Change () Addition
Name: SIMMONS, DALE R
Address: 1274 FERNANDO CIR
City-St-Zip: CANTONMENT, FL 32533

Title: S (X) Change () Addition
Name: SIMMONS, CHIP W
Address: 11739 OLD COURSE RD
City-St-Zip: CANTONMENT, FL 32533 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALE R SIMMONS

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date