

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079969

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: TRIANGLE OF TECHNOLOGY ACADEMY INC.

**Current Principal Place of Business:**

1 PECAN DRIVE  
PENSACOLA, FL 325343043 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 PECAN DRIVE  
PENSACOLA, FL 325343043 US

**New Mailing Address:**

PO BOX 7441  
PENSACOLA, FL 325343044 US

FEI Number: 59-3617881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SIMMONS, DALE R  
ONE PECAN DRIVE  
PENSACOLA, FL 325343043 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: V ( ) Delete  
Name: SPAINHOUR, WILLIAM M  
Address: 3947 STODDARD RD  
City-St-Zip: PENSACOLA, FL 32526

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DALE R. SIMMONS

P

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date