## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# S43289

Title:

Name:

Address:

City-St-Zip:

FILED May 23, 2006 Secretary of State

Entity Name: TENNISON GROUP, INC.						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	HIBIXCUS ST RPON SPRINGS, FL 346893409 US			ATE ROAD 52 I, FL 34669 US		
Current Mailing Address:			New Mailin	New Mailing Address:		
POB 577 TARPON S	PRINGS, FL 34	4688 US	11034 STA <sup>-</sup> HUDSON, F	TE ROAD 52 FL 34669 US		
FEI Number:	59-3057256	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certific	ate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and				Address of New Registered Agent:		
SMITH, MARY E 4650 GAZEBO CT NEW PORT RICHEY, FL 34655 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:						
Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					Date FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () D HOLMES, CHERY 7315 WINDSOR S HUDSON, FL 346	'L ST	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	SD () D SMITH, MARY E., 4650 GAZEBO CT NEW PORT RICH		Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () D PVIRRE, DONALE 4603 STONEHAVI NEW PORT RICH	) J EN PL	Title: Name: Address: City-St-Zip:	VPD (X) Change HOLMES, BRYAN D 15606 LAKE IOLA DADE CITY, FL 33523	( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL C. HOLMES PTD 05/23/2006

() Delete

MINOR, CALVIN R

3261/2 W FERN ST

TAMPA, FL 33604

() Change () Addition