

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S43289

FILED
Jan 04, 2007
Secretary of State

Entity Name: TENNISON GROUP, INC.

Current Principal Place of Business:

11034 STATE ROAD 52
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

11034 STATE ROAD 52
HUDSON, FL 34669 US

New Mailing Address:

FEI Number: 59-3057256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, MARY E
4650 GAZEBO CT
NEW PORT RICHEY, FL 34655 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: PTD () Delete
Name: HOLMES, CHERYL
Address: 7315 WINDSOR ST
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: SMITH, MARY E.,
Address: 4650 GAZEBO CT
City-St-Zip: NEW PORT RICHEY, FL 346551506

Title: VPD () Delete
Name: HOLMES, BRYAN D
Address: 15606 LAKE IOLA
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MINOR, CALVIN R
Address: 3261/2 W FERN ST
City-St-Zip: TAMPA, FL 33604

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:

Title: D (X) Change () Addition
Name: ROCHKIND, MARTIN L
Address: 1233 ROYAL OAK DR.
City-St-Zip: DUNEDIN, FL 34698

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: CHERYL C. HOLMES

PTD

01/04/2007

Electronic Signature of Signing Officer or Director

Date