2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S43289

Entity Name: TENNISON GROUP, INC.

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

11034 STATE ROAD 52 7315 WINDSOR STREET HUDSON, FL 34669 US HUDSON, FL 34667 US

Current Mailing Address: New Mailing Address:

11034 STATE ROAD 52 P. O. BOX 6909

HUDSON, FL 34669 US HUDSON, FL 34674 US

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

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

SMITH, MARY E HOLMES, CHERYL C
4650 GAZEBO CT 7315 WINDSOR ST
NEW PORT RICHEY, FL 34655 US HUDSON, FL 34667 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: CHERYL C. HOLMES 01/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: HOLMES, CHERYL Name: HOLMES, CHERYL C

 Address:
 7315 WINDSOR ST
 Address:
 7315 WINDSOR ST

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 HUDSON, FL 34667

Title: SD () Delete Title: () Change () Addition

 Name:
 SMITH, MARY E.,
 Name:

 Address:
 4650 GAZEBO CT
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 346551506
 City-St-Zip:

Title: VPD () Delete Title: VP (X) Change () Addition

 Name:
 HOLMES, BRYAN D
 Name:
 BARNES, ROBERT T

 Address:
 15606 LAKE IOLA
 Address:
 464 CASTILLE DRIVE

 City-St-Zip:
 DADE CITY, FL 33523
 City-St-Zip:
 SPRING HILL, FL 34608

Title: D () Delete Title: () Change () Addition

 Name:
 ROCHKIND, MARTIN L
 Name:

 Address:
 1233 ROYAL OAK DR.
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698
 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: CHERYL C HOLMES PTD 01/23/2008