2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# S43289

Entity Name: TENNISON GROUP, INC.

Current Principal Place of Business:

7315 WINDSOR STREET
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6909
HUDSON, FL 34674 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HOLMES, CHERYL C
7315 WINDSOR ST
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

BARNES, CHERYL C
7315 WINDSOR ST
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. BARNES 02/19/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HOLMES, CHERYL C
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: VP ( ) Delete
Name: BARNES, ROBERT T
Address: 464 CASTILLE DRIVE
City-St-Zip: SPRING HILL, FL 34608

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BARNES, CHERYL C
Address: 7315 WINDSOR ST
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BARNES, ROBERT T
Address: 7315 WINDSOR STREET
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MINOR, CALVIN R
Address: 326 1/2 W FERN STREET
City-St-Zip: TAMPA, FL 33604

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. BARNES PRES 02/19/2008
Electronic Signature of Signing Officer or Director Date