Electronic Signature of Signing Officer/Director Detail

DIRECTOR OF **OPERATIONS**

Entity Name: TEACH N KIDS LEARN, INC. **Current Principal Place of Business:**

7928 WEST DRIVE SUITE 504 HARBOR ISLAND, FL 33141

Current Mailing Address:

7928 WEST DRIVE SUITE 504 HARBOR ISLAND, FL 33141 US

FEI Number: 26-4135612

Name and Address of Current Registered Agent:

SLONAKER, JODI 7928 WEST DRIVE SUITE 504 HARBOR ISLAND, FL 33141 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	UDI SLONAKER			04/08/2014
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	AZCUY, RODOLFO	Name	FIORINI, CHRISTINE	
Address	7928 WEST DRIVE	Address	11535 PIPPIN ROAD	
City-State-Zip:	SUITE 504 HARBOR ISLAND FL 33141	City-State-Zip:	CINCINNATI OH 45231	
Title	D			
Name	SLONAKER, JODI			
Address	2609 KETTERER CIRCLE NW			
City-State-Zip:	NORTH CANTON OH 44720			

I hereby 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 all other like empowered.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0900007835

SIGNATURE: JODI SLONAKER

Certificate of Status Desired: No

FILED Apr 08, 2014 Secretary of State CC2172372518

Date

04/08/2014