

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000073363

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC3488494892**

**Entity Name:** TEACHING INTERVENTIONS KEEPING INDIVIDUALITY INC

**Current Principal Place of Business:**

415 HIBISCUS BLVD  
MERRITT IS, FL 32952

**Current Mailing Address:**

415 HIBISCUS BLVD  
MERRITT IS, FL 32952

**FEI Number:** 47-1746066

**Certificate of Status Desired:** No

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

FIOL, MARTA T  
415 HIBISCUS BLVD  
MERRITT IS, FL 32952 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name FIOL, MARTA T  
Address 415 HIBISCUS BLVD  
City-State-Zip: MERRITT IS FL 32952

Title VP  
Name FIOL, DANA J  
Address 415 HIBISCUS BLVD  
City-State-Zip: MERRITT IS FL 32952

*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.*

**SIGNATURE:** DANA FIOL

VP

03/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date