

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000073363

**FILED**  
**Feb 01, 2015**  
**Secretary of State**  
**CC2824475610**

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

**PRESIDENT**

**02/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date