

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H26855

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** TEACHERS SHARING ANSWERS, INC.

**Current Principal Place of Business:**

11413 SE US HWY 301  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

11413 SE US HWY 301  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

**FEI Number:** 59-2455197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RITTER, BERT D.  
11413 SE US HWY 301  
BELLEVIEW, FL 34420 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RITTER, BERT D.  
**Address:** 11413 SE US HWY 301  
**City-St-Zip:** BELLEVIEW, FL 34420 US

**Title:** D  
**Name:** RITTER, EILEEN MCCARTHY  
**Address:** 11413 SE US HWY 301  
**City-St-Zip:** BELLEVIEW, FL 34420 US

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:** EILEEN MCCARTHY RITTER

D

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date