2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000543

in the State of Florida.

Entity Name: AMERICAN TEACHER ALLIANCE, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

7800 W. SANDLAKE RD 500 W. LIVINGSTON

SUITE 207 SUITE 314

ORLANDO, FL 328195198 ORLANDO, FL 32801 US

Current Mailing Address: New Mailing Address:

7800 W. SANDLAKE RD P. O. BOX 2614

SUITE 207 WINDERMERE, FL 34786 ORLANDO, FL 328195198

FEI Number: 59-3701668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAYFIELLD, J ROBERT MAYFIELLD, J ROBERT 11393 WILLÓW GARDENS DRIVE 7800 W. SANDLAKE RD WINDERMERE, FL 34786

SUITE 207 ORLANDO, FL 328195198 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: J. ROBERT MAYFIELD 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

KENDRICK, WILLIAM E COWAN, EMORY G JR Name: Name: 145 MEETING HOUSE RD Address: 5317 CRACKER BARREL CIRCLE Address: City-St-Zip: FAYETTEVILLE, GA 30215 City-St-Zip: COLORADO SPRINGS, CO 80917

Title: () Delete Title: () Change () Addition

Name: SMITH, LAURA M Name: Address: 210 GLENDALE AVE Address: City-St-Zip: DECATUR, GA 30030 City-St-Zip:

Title: () Delete Title: (X) Change () Addition MAYFIELD, ROBERT C Name: MAYFIELD, ROBERT C Name:

607 D SOUTH OREGON AVE 4634 LAMB AVENUE Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33629

Title: () Delete Title: () Change () Addition

Name: HARVEY, IRA W Name: 2213 HUNTERS COVE Address: Address: City-St-Zip: BIRMINGHAM, AL 35216 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMORY G. COWAN, JR. D 04/25/2005