2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# N01000000543

Entity Name: AMERICAN TEACHER ALLIANCE, INC.

Current Principal Place of Business:

500 W. LIVINGSTON
SUITE 314
ORLANDO, FL 32801 US

New Principal Place of Business:

P. O. BOX 428
DALZELL, SC 29040 US

Current Mailing Address:

P. O. BOX 2614
WINDERMERE, FL 34786

New Mailing Address:

P. O. BOX 428
DALZELL, SC 29040

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

Name and Address of Current Registered Agent:

MAYFIELLD, J ROBERT
11393 WILLOW GARDENS DRIVE
WINDERMERE, FL 34786 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: J ROBERT MAYFIELD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COWAN, EMORY G JR
Address: 5317 CRACKER BARREL CIRCLE
City-St-Zip: COLORADO SPRINGS, CO 80917

Title: D ( ) Delete
Name: SMITH, LAURA M
Address: 210 GLENDALE AVE
City-St-Zip: DECATUR, GA 30030

Title: D ( ) Delete
Name: MAYFIELD, ROBERT C
Address: 4634 LAMB AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: HARVEY, IRA W
Address: 2213 HUNTERS COVE
City-St-Zip: BIRMINGHAM, AL 35216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 03/30/2007
Electronic Signature of Signing Officer or Director — Date