


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007992</b> 1. Entity Name <b>GUARANTEED INVOLVEMENT FOR TEACHERS &amp; STUDENTS, INC.</b>	
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Principal Place of Business <b>1220 E. INDUSTRIAL DRIVE UNIT 11 ORANGE CITY FL 32763</b>	Mailing Address <b>P.O. BOX 741392 ORANGE CITY FL 32774-1392</b>
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
City & State	City & State	
Zip	Country	Zip      Country

4. FEI Number <b>59-3756014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DEVANE, JOELLE R  
1220 E. INDUSTRIAL DRIVE  
UNIT 11  
ORANGE CITY FL 32763**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D BRADLEY, REGINA 448 E. UNIVERSITY AVENUE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
NAME	DEVANE, BILL SR. 459 E. UNIVERSITY AVENUE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
STREET ADDRESS	DEVANE, JOELLE R 403 W. FRENCH AVENUE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
CITY - ST - ZIP	DEVANE, KAREN L 459 E. UNIVERSITY AVENUE ORANGE CITY FL 32763	<input type="checkbox"/> Delete
CITY - ST - ZIP	DIR RANDAZZO, SHELLEY 226 COUNCIL BLUFFS DRIVE DELTONA FL 32725	<input type="checkbox"/> Delete
CITY - ST - ZIP	D MECKLEY, JENNIFER 1058 BELVEDERE DRIVE DELTONA FL 32725	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

1100001202521  
01/28/05-80114-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Karen L. Devane **KAREN L. DEVANE** 1-25-05 (386)775-21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #