


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

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000247 1. Entity Name TEACHERS AND KIDS - KIDS AND TEACHERS, INC.	
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Principal Place of Business 200 SOLAHA ROAD PONTE VEDRA BCH FL 32082	Mailing Address PO BOX 757 PONTE VEDRA BCH FL 32004
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1st MOORE CR2E037 (10/04)

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

Zip	Country	Zip	Country
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4. FEI Number 80-0033994	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BANYAS, WAINE M 200 SOLAHA RD. PONTE VEDRA BEACH FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TRUS BANYAS, WAINE M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANYAS, WAINE M	NAME	U00000367393
STREET ADDRESS	PO BOX 757	STREET ADDRESS	05/17/05-80001-002 61.25
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004	CITY-ST-ZIP	
TITLE	TRUS BANYAS, FRANCES T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANYAS, FRANCES T	NAME	
STREET ADDRESS	PO BOX 757	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004	CITY-ST-ZIP	
TITLE	TRUS STEWART, DOTTYE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DOTTYE	NAME	
STREET ADDRESS	PO BOX 757	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *[Signature]* _____ *[Date]* _____ *[Phone]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR