

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003901
1. Entity Name
TEACHERS TRAINING INSTITUTE, INC.



Principal Place of Business
7195 LAGO DRIVE EAST
CORAL GABLES, FL 33145-6512

Mailing Address
7195 LAGO DRIVE EAST
CORAL GABLES, FL 33145-6512

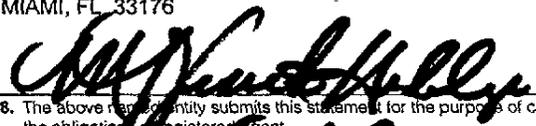


01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 20-1524415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VISIEDO-HIDALGO, MICHELLE T ESQ.
9367 SW 98 COURT
MIAMI, FL 33176



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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, the registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

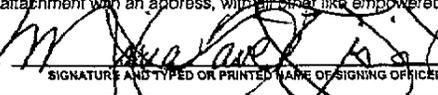
000000399913
02/01/06-80030-026 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAVEL-VISIEDO, MARIA 7195 LAGO DRIVE EAST CORAL GABLES, FL 331456512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAVEL, JAVIER 101105 S.W. 115 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VISIEDO-HIDALGO, MICHELLE T ESQ. 9367 SW 98 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR