2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

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Entity Name: TEACHER RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

4171 NE CHERI DRIVE
JENSEN BEACH, FL

New Principal Place of Business:

4171 NE CHERI DRIVE
JENSEN BEACH, FL 34957 US

Current Mailing Address:

4171 NE CHERI DRIVE
JENSEN BEACH, FL

New Mailing Address:

FEI Number: 20-3937733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, MARY LOU ED.D
492 NW BLUE LAKE DRIVE
PORT ST. LUCIE, FL 34986 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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARLSTROM, DEBORAH L
Address: 4171 NE CHERI DRIVE
City-St-Zip: JENSEN BEACH, FL

Title: D ( ) Delete
Name: GOLDBERG, MARY L
Address: 492 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D ( ) Delete
Name: HUIE, KATHLEEN
Address: 1021 JAMAICA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: CARLSTROM, DEBORAH L
Address: 4171 NE CHERI DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: DR (X) Change ( ) Addition
Name: GOLDBERG, MARY L
Address: 492 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DR (X) Change ( ) Addition
Name: HUIE, KATHLEEN
Address: 1021 JAMAICA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH L. CARLSTROM DR 03/25/2008
Electronic Signature of Signing Officer or Director — Date