2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004565

FILED Mar 09, 2009 Secretary of State

Entity Name: FEED ONE, TEACH ONE INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 174 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 **Current Mailing Address: New Mailing Address:** 8030 N NOB HILL RD 174 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 #204 TAMARAC, FL 33321 FEI Number: 20-8988628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMSAY, LUCIANNE T 174 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RAMSAY, LUCIANNE T RAMSAY, LUCIANNE T Name: Name: 174 SPRINGDALE CIRCLE Address: 8030 N. NOB HILL RD #204 Address: City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: DELRAY BEACH, FL 33321 Title: () Delete Title: (X) Change () Addition RAMSAY, CURTIS D Name: RAMSAY, CURTIS D Name: Address: 174 SPRINGDALE CIRCLE Address: 301 SW 10TH STREET City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: DELRAY BEACH, FL 33444 Title: () Delete Title: () Change () Addition FADAEL, FADELER Name: Name: 1163 BARETTA PLACE Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: CHR () Delete Title: () Change () Addition CIMEUS, MARIE C Name: Name: Address: 7443 PINEDALE DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: () Delete Title: () Change () Addition PIERRE, BETSY Name: Name: 153 BELLEZZA TERRACE Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip:

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: LUCIANNE RAMSAY P 03/09/2009