

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003423

FILED
Apr 19, 2007
Secretary of State

Entity Name: A GIFT FOR TEACHING, INC.

Current Principal Place of Business:

6501 MAGIC WAY
BLDG. 400C
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6501 MAGIC WAY
BLDG. 400C
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3515162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, JANE
6501 MAGIC WAY
BLDG. 400C
ORLANDO, FL 32809 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: CAMPBELL, SCOTT
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: BOWMAN, SCOTT
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: T () Delete
Name: PARADIS, AMANDA
Address: 200 S. ORANGE AVE., STE 1800
City-St-Zip: ORLANDO, FL 32801

Title: VC () Delete
Name: BRADY, SARA
Address: 2251 LUCIEN WAY
City-St-Zip: MAITLAND, FL 32751

Title: C () Delete
Name: THIELHELM, ROBERT W
Address: 200 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: MUSE, DEBBIE
Address: 1303 BLACK WILLOW TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMANDA PARADIS

T

04/19/2007

Electronic Signature of Signing Officer or Director

Date