

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000020912

1. Entity Name
TEACHER TREKS, INC.



Principal Place of Business
**2336 S. EST OCEAN BLVD., #326
STUART, FL 34996**

Mailing Address
**2336 S. EST OCEAN BLVD., #326
STUART, FL 34996**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1147519

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURGESS, JUDY
98 S. SEWALL'S POINT RD.
STUART, FL 34996**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURGESS, JUDY
98 S. SEWALL'S POINT RD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINN, THOMAS
98 S. SEWALL'S POINT RD.
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/09/06-80066-019 150.00

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 607, 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: _____

Judy Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/06 *772-286-2454*
Date Daytime Phone #