


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 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



04142008 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: *Judy Burgess* *Judy Burgess* DATE: *April 10, 2008*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000900528
 04/29/08-80033-010 150.00

10. OFFICERS AND DIRECTORS

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

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* *Judy Burgess* DATE: *4/10/08* DAYTIME PHONE #: *561-2028059*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #