

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000065374

1. Entity Name
THE TEACHING WELL, INC.



Principal Place of Business
6466 N.W. 5TH WAY
FORT LAUDERDALE, FL 33309

Mailing Address
6466 N.W. 5TH WAY
FORT LAUDERDALE, FL 33309

FILED

Aug 30, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

08222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1120232	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENBERG, ANDREW G
8751 W. BROWARD BLVD., SUITE 106
PLANTATION, FL 33324

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAHAN, MARY HOYLE
STREET ADDRESS 6466 N.W. 5TH WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

1100000377402
08/30/05-80002-010 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Hoyle Mahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-05 934-563-5045
Date Daytime Phone #