

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097135

Entity Name: TRENDY TEACHERS, INC.

FILED  
Jun 30, 2005  
Secretary of State

**Current Principal Place of Business:**

3246 SCENIC WOODS DRIVE  
DELTONA, FL 32725 US

**New Principal Place of Business:**

102 TOWNE CENTER CIRCLE  
SANFORD, FL 32771 US

**Current Mailing Address:**

3246 SCENIC WOODS DRIVE  
DELTONA, FL 32725 US

**New Mailing Address:**

FEI Number: 20-0200680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REBECCA, CARIDAD  
3246 SCENIC WOODS DRIVE  
DELTONA, FL 32725 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REBECCA, CARIDAD  
Address: 3246 SCENIC WOODS DRIVE  
City-St-Zip: DELTONA, FL 32725 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD REBECCA

PRES

06/30/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date