FILED
Mar 21, 2005 8:00 am
Secretary of State
02-28-2005 90209 013 ***158.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

66006406

DOCUMENT # P04000008248

1. Entity Name
TEACHER ELITE, INC.

Principal Place of Business	Mailing Address
12117 N.W. 15TH COURT CORAL SPRINGS, FL 33071	12117 N.W. 15TH COURT CORAL SPRINGS, FL 33071

02212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0498415 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBA, NANCY 12117 N.W. 15TH COURT CORAL SPRINGS, FL 33071	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGTORF, ALLEN 7783 CEDAR HURST CT. LAKE WORTH, FL 33467	☒ Delete	PRESIDENT NANCY BARBA 12117 NW 15 COURT CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOTTING, ROSEMARIE 2801 NW 106 DRIVE CORAL SPRINGS, FL 33065	☒ Delete	GAYLE MACGREGOR DIRECTOR 12117 NW 15 Mct CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEE, BETHANY 1100 SW 19TH ST. FORT LAUDERDALE, FL 33315	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLINCH, LEON 7862 N. SOUTHWOOD CIR. DAVIE, FL 33328	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Nancy Barba NANCY BARBA 2/15/05 954-632-177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #