

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032859

FILED
Apr 30, 2006
Secretary of State

Entity Name: GROWING THROUGH TEACHING, INC

Current Principal Place of Business:

3549 COUNTRY LAKES DRIVE
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3549 COUNTRY LAKES DRIVE
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 20-2418955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNIX, NANCY JO
3549 COUNTRY LAKES DRIVE
ORLANDO, FL 32812 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANNIX, NANCY JO
Address: 3549 COUNTRY LAKES DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: VP () Delete
Name: MANNIX, MICHAEL JR.
Address: 3549 COUNTRY LAKES DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: SEC () Delete
Name: MANNIX, LIZA J
Address: 3549 COUNTRY LAKES DRIVE
City-St-Zip: ORLANDO, FL 32812 US

Title: TREA () Delete
Name: MANNIX, MICHAEL III
Address: 3549 COUNTRY LAKES DRIVE
City-St-Zip: ORLANDO, FL 32812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: NANCY JO MANNIX

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date