


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P05000137317 1. Entity Name MY TEACHER'S DESK, INC.	
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Principal Place of Business 625 N FERDON BLVD UNIT A CRESTVIEW, FL 32536	Mailing Address 5542 HWY 393 CRESTVIEW, FL 32539
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1682001	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CHESLOCK, ALICE 5542 HWY 393 CRESTVIEW, FL 32539
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. 01/10/07-80038-002 158.75

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESLOCK, ALICE 5542 HWY 393 CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, MICHAEL 4833 PRIMROSE ST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHESLOCK, FRANKLIN 5542 HWY 393 CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COXSON-WOODS, REITA 4833 PRIMROSE ST CRESTVIEW, FL 32539
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:** Alice Cheslock 1/3/07 850-682-7634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #