

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137317

Entity Name: MY TEACHER'S DESK, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

625 N FERDON BLVD
UNIT A
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

5542 HWY 393
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 42-1682001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESLOCK, ALICE
5542 HWY 393
CRESTVIEW, FL 32539 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: CHESLOCK, ALICE
Address: 5542 HWY 393
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: WOODS, MICHAEL
Address: 4833 PRIMROSE ST
City-St-Zip: CRESTVIEW, FL 32539

Title: T () Delete
Name: CHESLOCK, FRANKLIN
Address: 5542 HWY 393
City-St-Zip: CRESTVIEW, FL 32539

Title: S () Delete
Name: COXSON-WOODS, REITA
Address: 4833 PRIMROSE ST
City-St-Zip: CRESTVIEW, FL 32539

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 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: ALICE CHESLOCK

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date