2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042621

Address:

City-St-Zip:

PO BOX 141453

ORLANDO, FL 328141453

FILED May 03, 2009 Secretary of State

Entity Name: TNT EDUCATORS INC Current Principal Place of Business: New Principal Place of Business: 1700 JORDAN AVE ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** PO BOX 61328 PALM BAY, FL 32906 FEI Number: 20-8731741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WHITE, TANYA WHITE, TANYA 1081 PORT MALABAR BLVD 1700 JÓRDAN AVE US PALM BAY, FL 32905 ORLANDO, FL 32809 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: TANYA WHITE 05/03/2009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WHITE, TANYA Name: Name: PO BOX 141453 Address: Address: City-St-Zip: ORLANDO, FL 328141453 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: BASKERVILLE, TANYA Name: 3845 DENSON PARK Address: Address: ORLANDO, FL 32829 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WHITE, MARKEE Name: Name: PO BOX 141453 Address: Address: City-St-Zip: ORLANDO, FL 328141453 City-St-Zip: Title: () Delete Title: () Change () Addition LEE, WALTRELL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARKEE WHITE T 05/03/2009