

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000059860

Entity Name: TEACH OUR TOTS, INC.

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766

**New Principal Place of Business:**

1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766 US

**Current Mailing Address:**

1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766

**New Mailing Address:**

1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766 US

FEI Number: 26-2891921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARROTT, CARMELA S  
1933 W. COUNTY ROAD 419  
OVIEDO, FL 32766 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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: PARROTT, CARMELA S  
Address: 1933 W. COUNTY ROAD 419  
City-St-Zip: OVIEDO, FL 32766 US

Title: VPTD  
Name: PARROTT, NATHAN  
Address: 1933 W. COUNTY ROAD 419  
City-St-Zip: OVIEDO, FL 32766 US

I hereby 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 all other like empowered.

SIGNATURE: NATHAN PARROTT

VPTD

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date