


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90214 036 \*\*\*150.00

DOCUMENT # P95000036692	
1. Entity Name TEACHERS EXCHANGE, INC.	

Principal Place of Business 1065 S. FLORIDA AVE #1 LAKELAND, FL 33803 US	Mailing Address 4630 LITTLE GROVE LANE LAKELAND, FL 33813
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**14006315**



2. Principal Place of Business	3. Mailing Address <i>4304 Sunnyside Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152005 Chg-P CR2E034 (10/03)

City & State	City & State <i>Lakeland, FL</i>
Zip	Zip <i>33810-2581</i>
Country	Country <i>Polk</i>

4. FEI Number 65-0588326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BRUORTON, BONNIE 4630 LITTLE GROVE LANE LAKELAND, FL 33813
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7. Name and Address of New Registered Agent Name <i>Bruorton, Bonnie</i> Street Address (P.O. Box Number is Not Acceptable) <i>4304 Sunnyside Drive</i> City <i>Lakeland</i> FL Zip Code <i>33810-2581</i>
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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 *Bonnie Bruorton* (NOTE: Registered Agent signature required when reinstating) DATE *4/25/05*

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	PS BRUORTON, BONNIE 4630 LITTLE GROVE LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BRUORTON, ROBERT H 4630 LITTLE GROVE LN LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUORTON, ROBERT H 4630 LITTLE GROVE LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS D Bruorton, Bonnie 4304 Sunnyside Drive Lakeland, FL 33810-2581 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT Bruorton, Robert H. 4304 Sunnyside Drive Lakeland, FL 33810-2581 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bruorton, Robert H 4304 Sunnyside Drive Lakeland, FL 33810-2581 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Bonnie Bruorton* DATE *4/25/05* (858) 1946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #