

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000007788

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: TOTAL EDUCATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

511 N. PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

511 N. PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

FEI Number: 59-3359222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PRODROMITIS, THEOKLIA  
511 N. PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

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

PRODROMITIS, DEMOSTHENES  
511 N. PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

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: DROPMOMITIS THEOKLIA      04/27/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PRODROMITIS, DEMOSTHENES  
Address: 511 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P (X) Delete  
Name: RENAUD, THEOKLIA  
Address: 511 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGMR (X) Change ( ) Addition  
Name: PRODROMITIS, DEMOSTHENES  
Address: 511 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: PRODROMITIS DEMOSTHENES      MGMR      04/27/2009  
Electronic Signature of Signing Officer or Director      Date