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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069315 (5)
 1. Corporation Name
TEACHING TOOLS, INC.

Principal Place of Business 926 NO FERDON BLVD. CRESTVIEW FL 32536	Mailing Address 926 NO FERDON BLVD. CRESTVIEW FL 32536-1706
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2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">24</div> Country <div style="border: 1px solid black; padding: 2px;">25</div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country <div style="border: 1px solid black; padding: 2px;">30</div>
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9. Name and Address of Current Registered Agent

STEELE, CARLA B 926 NO FERDON BLVD. CRESTVIEW FL 32536	<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE Carla Bowen Steele (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS	13.																																																		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: Carla Bowen Steele
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR