## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000047636

Entity Name: TEACHER'S HANDS ACADEMY INC

FILED Feb 06, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	JRRY FORD RI D, FL 32806	D				
Current Mailing Address:			New Mailing Address:			
1014 B OHIO AVE PALM HARBOR, FL 34683			406 WEST VERMONT AVE ESCONDIDO, CA 92025			
FEI Number	: 59-3576901	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
	ER N OLONIAL DR D, FL 32804	US				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () RICHENBACHE 476 WEST VER ESCONDIDO, C	MONT AVE	Title: Name: Address: City-St-Zip:	PD (X RICHENBACHI 476 WEST VE ESCONDIDO,	RMONT AVE	
Title: Name: Address: City-St-Zip:	D () RETHWISCH, C 4036 ANDOVER ORLANDO, FL	R CAY BLVD	Title: Name: Address: City-St-Zip:	VPD (X PAGE, JOHN 476 WEST VE ESCONDIDO,		
Title: Name: Address: City-St-Zip:	VP () PAGE, JOHN 476 WEST VER ESCONDIDO, C		Title: Name: Address: City-St-Zip:	SD (X ATTARD, SHAI 476 WEST VE ESCONDIDO,	RMONT AVE	
Title: Name: Address: City-St-Zip:	D (X) SERIANNI, BAR 3001 CURRY F ORLANDO, FL	ORD RD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) ATTARD, SHAR 476 WEST VER ESCONDIDO, C	MONT AVE	Title: Name: Address: City-St-Zip:	(	) Change()Addition	

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: KEITH RICHENBACHER PD 02/06/2009