


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90099 036 ****61.25

DOCUMENT # N97000006326

1. Entity Name
EACH ONE TEACH ONE, INC.



Principal Place of Business Mailing Address

**10146 65TH AVE. N
SEMINOLE FL 33772** **10146 65TH AVE. N.
#127
SEMINOLE FL 33772**



2. Principal Place of Business 3. Mailing Address

9968-53RD AVE N. **9968-53RD AVE. N.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

ST. PETERSBURG, FL **ST. PETERSBURG, FL**

Zip Country Zip Country

33708-3604 U.S.A. **33708-3604 U.S.A.**

4. FEI Number Applied For

59-3478243 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TURLEY, DAVID K
10146 65TH AVE N
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name


Street Address (P.O. Box Number is Not Acceptable)

9968-53RD AVE. N.

City State Zip Code

ST. PETERSBURG FL 33708

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:  DATE: **5/1/2006**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

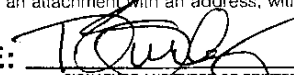
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TURLEY, DAVID K.	
STREET ADDRESS	10146 65TH ST. N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMANN, BRUCE G	
STREET ADDRESS	1564 OAKADIA LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITELYNN, RONALD	
STREET ADDRESS	13921 86TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURLEY, GLENDA	
STREET ADDRESS	10146 65TH AVE. N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMYSER, ROGER	
STREET ADDRESS	250 SIESTA LN	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLTMAN, DONNA	
STREET ADDRESS	7400 46TH AVE N #213	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, DAVID K.	
STREET ADDRESS	9968-53RD AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708-3604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, GLENDA	
STREET ADDRESS	9968-53RD AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33708-3604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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:  **DAVID K. TURLEY** **5/1/2006 (727) 319-9673**