
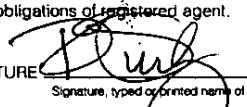
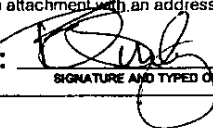


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2008 8:00 am**  
**Secretary of State**

08-20-2008 90002 018 \*\*\*\*61.25

<b>DOCUMENT # N97000006326</b>					
1. Entity Name EACH ONE TEACH ONE, INC.					
Principal Place of Business 9968-53RD AVE N SAINT PETERSBURG, FL 33708			Mailing Address 9968-53RD AVE N SAINT PETERSBURG, FL 33708		
2. Principal Place of Business - No P.O. Box # 2045-EAST BAY DR		3. Mailing Address 2045-EAST BAY DR			
Suite, Apt. #, etc. # 315		Suite, Apt. #, etc. # 315			
City & State LARGO, FL		City & State LARGO, FL			
Zip 33771		Country U.S.A.		4. FEI Number 59-3478243	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURLEY, DAVID K 9968 53RD AVE N SAINT PETERSBURG, FL 33708			7. Name and Address of New Registered Agent Name TURLEY, DAVID K. Street Address (P.O. Box Number is Not Acceptable) 2045-EAST BAY DR. # 315 City LARGO, FL Zip Code FL 33771		
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 		DAVID K. TURLEY P		AUG 16, 2008	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLEY, DAVID K 9968 53RD AVE N SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLEY, DAVID K 2045-EAST BAY DR. # 315 LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KITELYN, RONALD 13921 86TH AVE N SEMINOLE, FL 33776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, GLENDA 9968 53RD AVE N SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, GLENDA 2045-EAST BAY DR. # 315 LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYSER, ROGER 250 SIESTA LN LARGO, FL 33770	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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, P		AUG 16, 2008 (27)584-9673	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	