

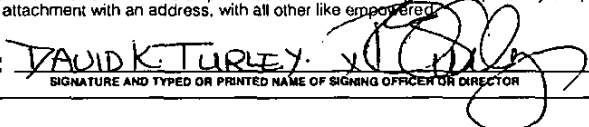


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90403 028 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N97000006326			
1. Entity Name EACH ONE TEACH ONE, INC.			
Principal Place of Business 10870 62ND AVE N SEMINOLE, FL 33772		Mailing Address 10870 62ND AVE N #127 SEMINOLE, FL 33772	
2. Principal Place of Business 10146 65TH AVE N		3. Mailing Address 10146 65TH AVE N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEMINOLE FL		City & State SEMINOLE FL	
4. FEI Number 59-3478243		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TURLEY, DAVID K 10870 62ND AVE N SEMINOLE, FL 33772		Name TURLEY, DAVID K Street Address (P.O. Box Number is Not Acceptable) 10146 65TH AVE N City SEMINOLE FL Zip Code 33772	
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		DATE 4/29/04	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLEY, DAVID K 10870 62ND AVE N SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURLEY, DAVID K 10146 65TH ST. N SEMINOLE, FL, 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAUFMANN, BRUCE G 8353 79TH AVE N SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAUFMANN, BRUCE G. 1564 OAKADIA LANE CLEARWATER, FL, 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	DI TURLEY, GLENDA 10870 62ND AVE N SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURLEY, GLENDA 10146 65TH AVE. N. SEMINOLE, FL, 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYSEK, ROGER 250 SIESTA LN LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMYSER, ROGER 250 SIESTA LN LARGO, FL, 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLTMAN, DONNA 7400 48TH AVE N #213 SAINT PETERSBURG, FL 33709 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 		DATE 4/29/04 (727) 319-9673	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	