2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# N05000012236

Entity Name: TRAINING WHEELS: TURNING LIVES AROUND INC

Current Principal Place of Business:

5223 BON VIVANT DR., STE. 206
TAMPA, FL 33603

New Principal Place of Business:

5223 BON VIVANT DR.,
STE 206
TAMPA, FL 33603

Current Mailing Address:

5223 BON VIVANT DR., STE. 206
TAMPA, FL 33603

New Mailing Address:

FEI Number: 22-3918840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, JEANETTE Y
5223 BON VIVANT DR
#206
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ANDERSON, JEANETTE Y.
Address: 5223 BON VIVANT DR., STE. 206
City-St-Zip: TAMPA, FL 33603

Title: DS ( ) Delete
Name: CHAVIS, LORRAINE
Address: 5223 BON VIVANT DR., STE. 206
City-St-Zip: TAMPA, FL 33603

Title: DT ( ) Delete
Name: ANDERSON, LORETTA B.
Address: 5223 BON VIVANT DR., STE. 206
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE Y. ANDERSON DP 07/10/2007

Electronic Signature of Signing Officer or Director — Date