

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848041

FILED
Apr 23, 2004
Secretary of State

Entity Name: NIDA TRAINER CORPORATION

Current Principal Place of Business:

300 S. JOHN RODES BLVD.
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

300 S. JOHN RODES BLVD.
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 06-0884221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOHRR, PHILIP F
1800 W HIBISCUS BLVD.
SUITE 138
MELBORNE, FL 32902 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BEAUSEIGNEUR, LYDIA
Address: 300 JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32904

Title: VP () Delete
Name: VETRANE, DAVID,
Address: 776 COVE RD
City-St-Zip: STAMFORD, CT 06902

Title: P () Delete
Name: BEAUSEIGNER, JOSEPH
Address: 300 JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32904

Title: T () Delete
Name: BEAUSEIGNEUR, KATIE TREASU
Address: 300 S JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32904

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATIE BEAUSEIGNEUR

T

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date