

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848041

FILED  
Jul 16, 2007  
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: CEO ( ) Delete  
Name: BEAUSEIGNEUR, JOE CEO  
Address: 300 S. JOHN RODES BLVD.  
City-St-Zip: MELBOURNE, FL 32904

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: C (X) Change ( ) Addition  
Name: BEAUSEIGNEUR, LYDIA CHAIRMA  
Address: 300 S. JOHN RODES BLVD.  
City-St-Zip: MELBOURNE, FL 32904

Title: CFO (X) Change ( ) Addition  
Name: BEAUSEIGNEUR, KATIE CFO  
Address: 300 S. JOHN RODES BLVD.  
City-St-Zip: MELBOURNE, FL 32904

Title: P ( ) Change (X) Addition  
Name: PHILLIP KEVIN, GULLIVER PRESIDE  
Address: 300 S. JOHN RODES BLVD  
City-St-Zip: MELBOURNE, FL 32904

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

SIGNATURE: KATIE BEAUSEIGNEUR

CFO

07/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date