

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007873

FILED
Feb 09, 2007
Secretary of State

Entity Name: LABORERS TOGETHER INTERNATIONAL, INC.

Current Principal Place of Business:

9212 RENEE CIRCLE
APT. 2405
FORT WORTH, TX 76116

New Principal Place of Business:

28725 SKYGLADE PL
WESLEY CHAPEL, FL 33543

Current Mailing Address:

PO BOX 123075
FORT WORTH, TX 961213075

New Mailing Address:

PO BOX 17236
TAMPA, FL 33682 US

FEI Number: 75-2829005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, MIKE
28725 SKYGLADE PL
WESLEY CHAPEL, FL 335436416 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: C () Delete
Name: PEDERSEN, JENNIFER
Address: 575 SE 115
City-St-Zip: WARRENSBURG, MO 64093

Title: VC () Delete
Name: MARTIN, CHRIS
Address: 212 RENEE CIRCLE APT. 2405
City-St-Zip: FT WORTH, TX 76116

Title: D () Delete
Name: GUIN, MARGIE
Address: 308 MOONLIGHT
City-St-Zip: STEPHENVILLE, TX 76401

Title: P () Delete
Name: MARTIN, MIKE
Address: 28725 SKYGLADE PL
City-St-Zip: WESLEY CHAPEL, FL 335436416

Title: VP () Delete
Name: MARTIN, KAY
Address: 28725 SKYGLADE PL
City-St-Zip: WESLEY CHAPEL, FL 335436416

Title: ST () Delete
Name: GUIN, JIM
Address: 308 MOONLIGHT
City-St-Zip: STEPHENVILLE, TX 76401

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
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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 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: MIKE MARTIN

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date