

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007873

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** LABORERS TOGETHER INTERNATIONAL, INC.

**Current Principal Place of Business:**

28725 SKYGLADE PL  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17236  
TAMPA, FL 33682 US

**New Mailing Address:**

**FEI Number:** 75-2829005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: 10638 GREAT FALLS LANE  
City-St-Zip: TAMPA, FL 33647

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: VC (X) Change ( ) Addition  
Name: MARTIN, CHRIS  
Address: 10212 ALTA VISTA #203  
City-St-Zip: TAMPA, FL 33647

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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date