

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003224

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** CORE TRAINING & DEVELOPMENT, INC.

**Current Principal Place of Business:**

10814 NAVAJO DRIVE  
#20  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

9425 BLIND PASS ROAD  
APT 407  
ST. PETE BEACH, FL 33706 US

**Current Mailing Address:**

10814 NAVAJO DRIVE  
#20  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

9425 BLIND PASS ROAD  
APT 407  
ST. PETE BEACH, FL 33706 US

**FEI Number:** 34-1944418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMOLA, TODD  
10814 NAVAJO DRIVE  
#20  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

SMOLA, TODD J  
9425 BLIND PASS ROAD  
APT 407  
ST. PETE BEACH, FL 33706 US

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:** TODD J. SMOLA

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MR  
**Name:** SMOLA, TODD J  
**Address:** 9425 BLIND PASS ROAD APT 407  
**City-St-Zip:** ST. PETE BEACH, FL 33706 US

I hereby 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 all other like empowered.

**SIGNATURE:** TODD SMOLA

PRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date