2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90059 048 ****50.00

DOCUMENT # L03000052737

1. Entity Name
WAKE UP TRAINING, LLC

Principal Place of Business	Mailing Address
5815 E. COLONIAL DR ORLANDO, FL 32807	PO BOX 721723 ORLANDO, FL 32872

04282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14321 Peacock Springs Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32828 Country: USA	Zip Country

4. FEI Number: 81064 0315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREELEY, SEAN R 14202 CHEVAL MAYFAIRE DR. ORLANDO, FL 32828	Name: Greeley Sean R Street Address (P.O. Box Number is Not Acceptable): 14321 Peacock Springs Trail City: Orlando FL Zip Code: 32828

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR GREELEY, SEAN R 14202 CHEVAL MAYFAIRE DR. ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGR Greeley, Sean R 14321 Peacock Springs Trail Orlando, FL 32828	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/25/05 407.376.2795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #