2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000115897

Entity Name: CENTRAL FLORIDA SAFETY TRAINING CONSULTANTS LLC

Current Principal Place of Business:

6825 FOX CHASE DR.
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 90094
LAKELAND, FL 33804 US

New Mailing Address:

FEI Number: 86-1153624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAXTON, LEE C
6825 FOX CHASE DRIVE
LAKELANDE, FL 33810 US

Name and Address of New Registered Agent:

PAXTON, LEE C
6825 FOX CHASE DRIVE
LAKELAND, FL 33810 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: _____ 01/15/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MRS. ( ) Delete
Name: PAXTON, LEE C
Address: 6825 FOX CHASE DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: MR. ( ) Delete
Name: PAXTON, JAMES S
Address: 6825 FOX CHASE DR.
City-St-Zip: LAKELAND, FL 33810 US

Title: MR. ( ) Delete
Name: PURVIS, JR., E. EUGENE
Address: 6825 FOX CHASE DR.
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEE C. PAXTON MRS 01/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date