

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000065405

FILED
Feb 06, 2007
Secretary of State**Entity Name:** TRAINING PLUS, LLC**Current Principal Place of Business:**1144 NW 5TH PLACE
CAPE CORAL, FL 33993 US**New Principal Place of Business:**5245 RAMSEY WAY
SUITE ONE
FORT MYERS, FL 33907 US**Current Mailing Address:**1144 NW 5TH PLACE
CAPE CORAL, FL 33993 US**New Mailing Address:**5245 RAMSEY WAY
SUITE ONE
FORT MYERS, FL 33907 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRAIG, JENNIFER R
1144 NW 5TH PLACE
CAPE CORAL, FL 33993 US**Name and Address of New Registered Agent:**KING, SUSAN
5245 RAMSEY WAY
SUITE ONE
FORT MYERS, FL 33907 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: SUSAN KING

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: CRAIG, JENNIFER R LCSW
Address: 1144 NW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: KING, SUSAN
Address: 5245 RAMSEY WAY, SUITE ONE
City-St-Zip: FORT MYERS, FL 33907 US

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: SUSAN KING

MGR

02/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date