



**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90021 018 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L06000079650</b>   |   |   |   |
| 1. Entity Name<br>HI-TECH TRAINING, LLC.   |   |  |   |
| Principal Place of Business<br>2404 NATURES CT.<br>VALRICO, FL 33594 US  |   | Mailing Address<br>2404 NATURES CT.<br>VALRICO, FL 33594 US  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 04022007   |   | Chg-LLC CR2E083 (12/06)  |   |
| 4. FEI Number<br>30-5369320  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |   |
| 8. Name and Address of Current Registered Agent<br>NUGENT, JOHN T<br>2404 NATURES CT.<br>VALRICO, FL 33594   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS / MANAGERS   |   | 10. ADDITIONS / CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>NUGENT, PEGGY C<br>2404 NATURES CT.<br>VALRICO, FL 33594 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>HOOPER, BRANDI R<br>12453 HOBSON SIMMONS RD.<br>LITHIA, FL 33547 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>HOOPER, BRIAN S<br>12453 HOBSON SIMMONS RD.<br>LITHIA, FL 33594 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |   | Date: Apr 20 2007 813 220-3855   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #   |   |

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