

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002708

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** TRAINING RESOURCES AND COMPUTER SKILLS, INC.

**Current Principal Place of Business:**

11405 WESTON POINTE DR  
203  
BRANDON, FL 33511

**New Principal Place of Business:**

554 HERITAGE PALM CT.  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

P.O. BOX 292671  
TAMPA, FL 336872671

**New Mailing Address:**

**FEI Number:** 65-1099825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBSON, PAMELA F  
11405 WESTON POINTE DR.  
203  
BRANDON, FL 33511 US

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

GIBSON, PAMELA F  
554 HERITAGE PALM CT.  
TEMPLE TERRACE, FL 33617 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:

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GIBSON, PAMELA F  
Address: P.O. BOX 292671  
City-St-Zip: TAMPA, FL 33687

Title: VD  
Name: GIBSON, CHANEL  
Address: P.O. BOX 292671  
City-St-Zip: TAMPA, FL 33687

Title: SD  
Name: GIBSON, BYRON  
Address: P.O. BOX 292671  
City-St-Zip: TAMPA, FL 33687

Title: TR  
Name: GIBSON, CHANEL  
Address: P.O. BOX 292671  
City-St-Zip: TAMPA, FL 33687

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA F. GIBSON

PRES

04/01/2011

Electronic Signature of Signing Officer or Director

Date