2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007698

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

6775 HOLLY ST.

ZELLWOOD, FL 32798

() Delete

Apr 29, 2004 Secretary of State

Entity Name: MULTIPLYING TALENTS INTERNATIONAL INC.

Current Principal Place of Business: New Principal Place of Business: 3455 PARKWAY COMMERCE CENTER CT 4897 CYPRESS WOODS DR. ORLANDO, FL 32808 ORLANDO, FL 32811 **Current Mailing Address: New Mailing Address:** PO BOX 682113 ORLANDO, FL 32868 FEI Number: 59-3751444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BELL, ARETHA OLIVAREZ, ARETHA 4897 CYPRESS WOODS DR. 2683 B BENT WILLOW CIRCLE ORLANDO, FL 32808 ORLANDO, FL 32811 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: ARETHA OLIVAREZ 04/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BELL, ARETHA J OLIVAREZ, ARETHA J Name: Name: Address: 2683 B BENT WILLOW CIRCLE Address: 4897 CYPRESS WOODS DR. #6207 City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32811 Title: () Delete Title: () Change () Addition Name: CORPREW-BOYD, ANGELA Name: Address: 505 WATERS DR. Address: City-St-Zip: CHESAPEAKE, VA 33231 City-St-Zip: Title: () Delete Title: () Change () Addition WEBB, DEBORAH Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ARETHA OLIVAREZ P 04/29/2004

() Change (X) Addition

SIMONS, DORETHA

ORLANDO, FL 32808

3850 W.D. JUDGE #203W