2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N01000007846

Entity Name: MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.

Current Principal Place of Business:

3605 SE SALERNO ROAD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3605 SE SALERNO ROAD
STUART, FL 34997

New Mailing Address:

FEI Number: 80-0024642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, ELIZABETH R
5181 NASSAU TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FELDMAN, ELIZABETH R
Address: 5181 NASSAU TERRACE
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: COHEN, JERRY
Address: 13 FAIRWAY CIRCLE S
City-St-Zip: MANAHASSETT, NY

Title: D ( ) Delete
Name: FELDMAN, CHARLES
Address: 5181 NASSAU TERRACE
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: SAPIENZA, WILLIAM
Address: 3043 SW MARCO LANE
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: BERLER, BEVERLY
Address: 13018 TOUCHSTONE PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete
Name: SCHWARTZ, PATRICIA
Address: 6495 SE CIRCLE STREET
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: ELIZABETH R. FELDMAN D 04/20/2005

Electronic Signature of Signing Officer or Director — Date