


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 012 *****70.00

DOCUMENT # N02000002201		
1. Entity Name URBAN TRAINING NETWORK, INC.		

Principal Place of Business 390 NE 88TH STREET MIAMI, FL 33138	Mailing Address P.O. BOX 530541 MIAMI, FL 33153
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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



03302007 Chg-NP CR2E037 (12/06)

4. FEI Number 03-0416196		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARROYO, NANCY M C/O SOLMS & ASSOCIATES, P.A. 9100 S. DADELAND BLVD., SUITE 1602 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRINGTON, PATRICK 390 NE 88TH STREET MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, ARTHUR JR. 1974 SW 94TH TERRACE MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNSBY, RICHARD 3991 EAST RIDGEVIEW DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELOCK, CHARLES 15746 SW 20TH STREET MIRAMAR, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, MARION 9454 SW 146TH AVENUE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGA, EUNICE 4030 S.W. 107 CT MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick Carrington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/07

ATTACHMENT
Urban Training Network, Inc.
Officers and Directors
Document #: **N02000002201**

40054315

1. Title: P
Name: Patirck "Tommy" Carrington
390 NE 88 Street
Miami, FL 33138

2. Title: D
Richard Hornsby
3991 East Ridgeview
Davie, FL 33330

3. Title: S
Name: Eunice Puga
8401 SW 107 Ave.
Unit 229 E
Miami, FL 33173

4. Title: T
Name: Marion Mason
9454 SW 146 Ave.
Miami, FL 33186

5. Title: D
Name: Petre-Ann Williams
1380 SW 105 Ave.
Pembroke Pines, FL 33023

6. Title: D
Name: Charles Lovelock
200 SW 132 Way # L-312
Pembroke Pines, FL 33027

7. Title: D
Name: Becky Kaetterhenry
841 NW 85 Terr. Apt. 2020
Plantation, FL 33324