

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007913

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** WORLD TRADE CENTER INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

736-A NORTH MAGNOLIA AVENUE  
2ND FLOOR  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

736-A NORTH MAGNOLIA AVENUE  
2ND FLOOR  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 55-0812574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, USHER L  
225 E ROBINSON ST STE 660  
ORLANDO, FL 32801 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: PD ( ) Delete  
Name: SUTTON, BYRON K  
Address: 736-A NORTH MAGNOLIA AVENUE, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32803

Title: VD ( ) Delete  
Name: SUTTON, NORMA  
Address: 505 W SECOND AVE  
City-St-Zip: WINDERMERE, FL 34786

Title: SD ( ) Delete  
Name: KANE, MISTY  
Address: 736-A NORTH MAGNOLIA AVENUE, 2ND FLOOR  
City-St-Zip: ORLANDO, FL 32803

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BYRON SUTTON

PD

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date