

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008113

FILED
Apr 27, 2006
Secretary of State

Entity Name: FLORIDA ARSON SEMINAR, INC.

Current Principal Place of Business:

3659 MAGUIRE BLVD.
SUITE 151
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3659 MAGUIRE BLVD.
SUITE 151
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-1512640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, DARYL R
3659 MAGUIRE BLVD.
SUITE 151
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

CORBETT, JOHN
3659 MAGUIRE BLVD.
SUITE 151
ORLANDO, FL 32803 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: JOHN CORBETT

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAILEY, DARYL R
Address: 3659 MAGUIRE BLVD. #151
City-St-Zip: ORLANDO, FL 32803

Title: DV () Delete
Name: CORBETT, JOHN
Address: 3659 MAGUIRE BLVD #151
City-St-Zip: ORLANDO, FL 32803

Title: DS () Delete
Name: FIELDS, MARY
Address: 3659 MAGUIRE BLVD.
City-St-Zip: ORLANDO, FL 32803

Title: DT () Delete
Name: WHITEHURST, GLORIA
Address: 3659 MAGUIRE BLVD.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORBETT, JOHN
Address: 3659 MAGUIRE BLVD. #151
City-St-Zip: ORLANDO, FL 32803

Title: DV (X) Change () Addition
Name: BAILEY, DARYL R
Address: 3659 MAGUIRE BLVD #151
City-St-Zip: ORLANDO, FL 32803

Title: DS (X) Change () Addition
Name: SMELLER, KYRA
Address: 3659 MAGUIRE BLVD.
City-St-Zip: ORLANDO, FL 32803

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: JOHN CORBETT

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date