

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003741

FILED
Jul 18, 2006
Secretary of State

Entity Name: ARRENDELL'S TRAINING, ASSESSMENT AND EVALUATION, INC.

Current Principal Place of Business:

1835 NE MIAMI GARDENS DRIVE SUITE 196
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

210 NE 98TH STREET
MIAMI SHORES, FL 33138 US

Current Mailing Address:

1835 NE MIAMI GARDENS DRIVE SUITE 196
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1835 NE MIAMI GARDENS DRIVE SUITE 196
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 20-2741865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARRENDELL, JULIA
1835 NE MIAMI GARDENS DRIVE SUITE 196
NORTH MIAMI BEACH, FL 33179 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARRENDELL, JULIA
Address: 1441 NW 175TH STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: DINGLE, CLAYTON
Address: 1441 NW 175TH STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MACK, PAGET
Address: 1441 NW 175TH STREET
City-St-Zip: MIAMI, FL 33169

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: JULIA ARRENDELL

PRES

07/18/2006

Electronic Signature of Signing Officer or Director

Date