

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003741

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

210 NE 98TH STREET
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2741865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRENDELL, JULIA
1835 NE MIAMI GARDENS DRIVE
SUITE 196
NORTH MIAMI BEACH, FL 33179 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: ARRENDELL, JULIA
Address: 1835 NE MIAMI GARDENS DRIVE #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: DINGLE, CLAYTON
Address: 1835 NE MIAMI GARDENS DRIVE #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: MACK, PAGET
Address: 1835 NE MIAMI GARDENS DRIVE #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DINGLE, CLAYTON
Address: 1835 NE MIAMI GARDENS DRIVE #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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

I hereby certify that the information supplied with this filing does not qualify 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

DIRE

03/23/2009

Electronic Signature of Signing Officer or Director

Date