

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009736

FILED
May 29, 2009
Secretary of State

Entity Name: NEXT LEVEL TRAINING INC.

Current Principal Place of Business:

125 MIDDLE STREET
109
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

125 MIDDLE STREET
109
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 26-2512752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SANDERS, DANA
2508 GRASSY POINT DRIVE
204
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SANDERS, DANA
920 MARKET PROMENADE AVE
LAKE MARY, FL 32746 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: _____

05/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: SANDERS, DANA
Address: 2508 GRASSY POINT DRIVE, # 204
City-St-Zip: LAKE MARY, FL 32746 US

Title: DP () Delete
Name: HUMBLA, EUGENE L
Address: 3221 SAN JACINTO CIRCLE
City-St-Zip: SANFORD, FL 32771 US

Title: T () Delete
Name: RIVERS, ARTHUR
Address: 841 E CHARING CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: SANDERS, DANA
Address: 902 MARKET PROMENADE AVE
City-St-Zip: LAKE MARY, FL 32746 US

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 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: DANA SANDERS

PRES

05/29/2009

Electronic Signature of Signing Officer or Director

Date