


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Aug 21, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # N06000000215</b> 1. Entity Name <b>ENGINEERED TRAINING INSTITUTE, INC.</b>	
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Principal Place of Business <b>2544 STONEVIEW RD. ORLANDO, FL 32806</b>	Mailing Address <b>2544 STONEVIEW RD. ORLANDO, FL 32806</b>
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**DO NOT WRITE IN THIS SPACE**



07152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-4402566</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$81.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREWEEK, LAUREL R 1200 TANAGER RD. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'BRYANT, ELAINE A 1416 ORIOLE AVE. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THORPE, BURT 2544 STONEVIEW RD. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/21/08-80003-010 70.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BW Thorpe 7/15/08 Date 407-709-3268 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR