2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011554

Entity Name: TNT DEVELOPMENT AND TRAINING INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1000 N. US HWY 1 4613 N UNIVERSITY DRIVE

#802 #190

JUPITER, FLA., 33477 CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

1000 N. US HWY 1 4613 N UNIVERSITY DRIVE #802 #190

#190 JUPITER, FL 33477 CORAL SPRINGS, FL 33067

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TENHULZEN, DALE L
1000 N. US HWY 1
TENHULZEN, DALE L
4613 N UNIVERSITY DRIVE

#802 # 190

JUPITER, FL 33477 US CORAL SPRINGS, FL 33067 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: DALE TENHULZEN 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 TENHULZEN, DALE L
 Name:
 TENHULZEN, DALE L

 Address:
 1000 N. US HWY 1 #802
 Address:
 4613 N UNIVERSITY DRIVE

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:
 CORAL SPRINGS, FL 33067

Title: P () Delete Title: () Change () Addition

 Name:
 KORMAN, BOB
 Name:

 Address:
 2900 WEST HIGHLAND ST. #235
 Address:

 City-St-Zip:
 CHANDLER, AZ 85224
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 DAVIS, CHRIS
 Name:

 Address:
 431 SHEPPARD WAY
 Address:

 City-St-Zip:
 PARK CITY, UT 84098
 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: DALE TENHULZEN ED 04/27/2007