

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002025

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: THE SKILLS CENTER, INC.

**Current Principal Place of Business:**

5470 E BUSCH BLVD #132  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5470 E BUSCH BLVD #132  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 26-0631467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, CELESTE  
8612 BROOKWAY CIRCLE  
TAMPA, FL 33635 US

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

ROBERTS, CELESTE  
5470 E. BUSCH BLVD #132  
TAMPA, FL 33617 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

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBERTS, CELESTE  
Address: 5470 E. BUSCH BLVD #132  
City-St-Zip: TAMPA, FL 33617

Title: V  
Name: WARD, CHRIS  
Address: 5470 E. BUSCH BLVD #132  
City-St-Zip: TAMPA, FL 33617

I hereby 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 all other like empowered.

SIGNATURE: CELESTE ROBERTS

Electronic Signature of Signing Officer or Director

PRES

04/27/2011

Date