2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N07000004636

Entity Name: NATIONAL TRAINING BUSINESS CENTER, INC.

Current Principal Place of Business:

3740 EAST SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3740 EAST SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

FEI Number: 26-1946857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, DUANE
5014 SE 2ND PLACE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SAINT, JAIME
3708 SE 4TH ST.
OCALA, FL 34471 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: JAIME SAINT 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMAN, DUANE TRUSTEE
Address: 5014 SE 2ND PLACE
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete
Name: DERSCH, MARK TRUSTEE
Address: 5508 SE 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: SEC ( ) Delete
Name: BROWN, NEIL TRUSTEE
Address: 3222 SE 23RD TERRACE
City-St-Zip: OCALA, FL 34471

Title: TRES ( ) Delete
Name: SAINT, JAIME TRUSTEE
Address: 4225 SE 10TH PLACE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAIME SAINT TRES 04/21/2009
Electronic Signature of Signing Officer or Director Date