2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000006767

Entity Name: CULINARY CAREER TRAINING, INC.

Current Principal Place of Business:

5220 SECLUDED OAKS LANE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

CULINARY CAREER TRAINING, INC.
5220 SECLUDED OAKS LANE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 80-0242474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A SPECIAL EVENT CATERING
5220 SECLUDED OAKS LANE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, PATRICIA L
Address: 5220 SECLUDED OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete
Name: TORRES, ELLA
Address: 1411 SWIFT COURT
City-St-Zip: KISSIMEE, FL 34759 US

Title: T ( ) Delete
Name: BROWN, KEVIN R
Address: 5220 SECLUDED OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S ( ) Delete
Name: KUDLEY, DAVID
Address: P.O. BOX 8838
City-St-Zip: JACKSONVILLE, FL 32239 US

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: PATRICIA L. BROWN P 04/30/2009

Electronic Signature of Signing Officer or Director — Date