

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08526

FILED  
May 23, 2007  
Secretary of State

**Entity Name:** THE SCHOOL FOR MULTIDIMENSIONAL TRAINING, INC.

**Current Principal Place of Business:**

7800 SW 57 AVENUE  
SUITE 227  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7800 SW 57 AVENUE  
SUITE 227  
MIAMI, FL 33143 US

**New Mailing Address:**

**FEI Number:** 59-2604296      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HENDRICKSON, MICHAEL  
7800 SW 57 AVENUE  
SUITE 227  
MIAMI, FL 33143 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENDRICKSON, MICHAEL,  
Address: 7800 SW 57 AVENUE, SUITE 227  
City-St-Zip: MIAMI, FL 33143

Title: VD ( ) Delete  
Name: EVANS, ROBERT  
Address: 7949 SW 104 ST #D113  
City-St-Zip: MIAMI, FL 33156

Title: STD ( ) Delete  
Name: REYNOLDS, DWIGHT  
Address: 9150 SW 87 AVE SUITE 102  
City-St-Zip: MIAMI, FL 33176

**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:

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: MICHAEL HENDRICKSON

PD

05/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date