2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08526

FILED May 23, 2007 Secretary of State

Entity Name: THE SCHOOL FOR MULTIDMENSIONAL TRAINING, INC

urrent P	Principal Place of Business:	New Principal Place of E	Business:
	57 AVENUE		
UITE 227 IAMI, FL			
IAIVII, FL	. 35145 - 05		
urrent N	Mailing Address:	New Mailing Address:	
	57 AVENUE		
UITE 227			
IAMI, FL	. 35145 - 05		
	r: 59-2604296	FEI Number Not Applicable () eceive the prior notice.	Certificate of Status Desired ()
ıme and	d Address of Current Registered Agent:	Name and Address of No	ew Registered Agent:
	CKSON, MICHAEL		
JITE 22	57 AVENUE 7 . 33143 US		
JITE 221 IAMI, FL ne above	7	pose of changing its registered of	fice or registered agent, or both,
JITE 227 IAMI, FL ne above the Stat	7 . 33143 US e named entity submits this statement for the pur ee of Florida.	pose of changing its registered of	fice or registered agent, or both,
JITE 227 AMI, FL ne above the Stat	7 . 33143 US e named entity submits this statement for the pur ee of Florida.		fice or registered agent, or both,
JITE 221 IAMI, FL ne above the Stat GNATU	7 . 33143 US e named entity submits this statement for the pur e of Florida. RE:		
JITE 22T AMI, FL ne above the Stat GNATU FFICER	7 . 33143 US e named entity submits this statement for the pure of Florida. RE: Electronic Signature of Registered Agent	ADDITIONS/CHANGES	Date
JITE 227 AMI, FL ne above the Stat GNATU FFICER le: me:	7 . 33143 US e named entity submits this statement for the pure of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete HENDRICKSON, MICHAEL,	ADDITIONS/CHANGES Title: () Name:	Date TO OFFICERS AND DIRECTOR
JITE 22: AMI, FL e above the Stat GNATU FFICER e: me: dress:	7 . 33143 US e named entity submits this statement for the pure of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete HENDRICKSON, MICHAEL, 7800 SW 57 AVENUE, SUITE 227	ADDITIONS/CHANGES Title: () Name: Address:	Date TO OFFICERS AND DIRECTOR
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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