

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005044

FILED
May 01, 2012
Secretary of State

Entity Name: TRANSFERABLE SKILLS NETWORK, INC.

Current Principal Place of Business:

3817 TURTLE RUN BOULEVARD
2724
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3817 TURTLE RUN BOULEVARD
2724
CORAL SPRINGS, FL 33067

New Mailing Address:

3817 TURTLE RUN BOULEVARD
2724
FT LAUDERDALE, FL 33312

FEI Number: 27-0335697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COX, CHARLEENA
3817 TURTLE RUN BOULEVARD
2724
CORAL SPRINGS, FL 33067 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
Name: COX, CHARLEENA
Address: 3817 TURTLE RUN BOULEVARD, #2724
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V
Name: CHANG, JIM
Address: 2424 SW 58 MANOR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D
Name: NATION, MICHAEL
Address: 2424 SW 58 MANOR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T
Name: GANNA, SANDY
Address: 2424 SW 58 MANOR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S
Name: CORREA, EVELYN
Address: 2424 SW 58 MANOR
City-St-Zip: FT LAUDERDALE, FL 33312

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: CHARLEENA COX

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date