2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# N37790

Entity Name: MACDONALD TRAINING CENTER HOLDING CORP.

Current Principal Place of Business:

5420 W CYPRESS STREET
TAMPA, FL 336071706

New Principal Place of Business:

Current Mailing Address:

5420 W CYPRESS STREET
TAMPA, FL 336071706

New Mailing Address:

FEI Number: 59-3015430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TULLO, ANDREA T
4301 ANCHOR PLAZA PARKWAY
SUITE 300
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

KELLY, PETER J
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA, FL 33602 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: PETER J. KELLY 04/06/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FREYVOGEL, JAMES M
Address: 5420 W CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: C ( ) Delete
Name: BAUMANN, PHILLIP
Address: 512 E. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: DIAZ, RICHARD JR
Address: 1200 W. PLATT STREET STE 204
City-St-Zip: TAMPA, FL 33606

Title: VC ( ) Delete
Name: FLYNN, PAUL
Address: PO BOX 740
City-St-Zip: TAMPA, FL 33601

Title: T ( ) Delete
Name: DEBOSIER, KIMBERLEE
Address: 1105 E TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

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:

Title: T (X) Change ( ) Addition
Name: DEBOSIER, KIMBERLEE
Address: 110 NORTH 11TH STREET
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. FREYVOGEL P 04/06/2007
Electronic Signature of Signing Officer or Director Date