

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37797

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** MACDONALD TRAINING CENTER PROPERTIES, INC.

**Current Principal Place of Business:**

5420 W. CYPRESS STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

5420 W. CYPRESS STREET  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3010534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TROCKE, MICHAEL T  
101 E KENNEDY BLVD  
SUITE 2800  
TAMPA, FL 33602 US

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

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

04/13/2006

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: S ( ) Delete  
Name: KROEGER, CHRISTIE  
Address: 2916 W. GANDY BLVD. UNIT B  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: HENGEL, STEVE  
Address: 5321 SOUTHWICK DRIVE  
City-St-Zip: TAMPA, FL 33624

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

Title: C ( ) Delete  
Name: WOOD, TOM  
Address: 101 E KENNEDY BLVD STE 2800  
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: T (X) Change ( ) Addition  
Name: TROCKE, MICHAEL  
Address: PO BOX 172609  
City-St-Zip: TAMPA, FL 33672

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/13/2006

Electronic Signature of Signing Officer or Director

Date