

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 05, 2012**  
**Secretary of State**

DOCUMENT# N49429

**Entity Name:** CONNECTIONS JOB DEVELOPMENT CORP.**Current Principal Place of Business:**5841 MAIN STREET  
NEW PORT RICHEY, FL 34652**New Principal Place of Business:****Current Mailing Address:**PO BOX 1260  
NEW PORT RICHEY, FL 346561260 US**New Mailing Address:****FEI Number:** 59-3131690**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KRAUTNER, SHEILA  
5841 MAIN ST.  
NEW PORT RICHEY, FL 34652 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: PD  
Name: VISUVASAM, ASHOK  
Address: 5841 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MD  
Name: KRAUTNER, SHEILA  
Address: 5841 MAIN ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: CASANOVA, GINO  
Address: 5841 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD  
Name: LUCADANO, LIZADIA  
Address: 5841 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD  
Name: ASHLEY, DEBORAH  
Address: 5841 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D  
Name: VOSBURG, DEBBIE  
Address: 5841 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SHEILA KRAUTNER

ED

04/05/2012

Electronic Signature of Signing Officer or Director

Date