2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# N98000005036

Entity Name: BDP TRAINING, INC.

Current Principal Place of Business:

1321 NW 174TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1321 NW 174TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0860723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTSON, BURNES
1321 NW 174TH STREET
MIAMI, FL 33169

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:	PDC	( ) Delete
Name:	BURNES, ROBERTSON	
Address:	1321 NW 174TH STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	VP	( ) Delete
Name:	PATRICIA, ROBERTSON	
Address:	1321 NW 174TH STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	TS	( ) Delete
Name:	JACKSON, DERRNISHA	
Address:	1321 NW 174TH STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	SM	( ) Delete
Name:	ANNETTE, JAMES	
Address:	1342 N.W 71TH ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	M	( ) Delete
Name:	MCFADDEN, KATHY	
Address:	824 N.W. 75TH ST	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	MONTGORMERY, CARRIE	
Address:	1850 N.W. 121TH ST	
City-St-Zip:	MIAMI, FL 33167	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: BURNES ROBERTSON PDC 07/06/2004

Electronic Signature of Signing Officer or Director — Date