

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005036

FILED
Jun 07, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 (X) 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 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: BURNES ROBERTSON

PDC

06/07/2007

Electronic Signature of Signing Officer or Director

Date