

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006703

FILED
Mar 29, 2008
Secretary of State

Entity Name: THE NET TRAINING INSTITUTE, INC.

Current Principal Place of Business:

720 N. ORANGE AVE.
ORLANDO, FL 32801 US

New Principal Place of Business:

4465 EDGEWATER DRIVE
SUITE A
ORLANDO, FL 32804 US

Current Mailing Address:

P.O. BOX 536875
ORLANDO, FL 328536875 US

New Mailing Address:

PO BOX 608108
ORLANDO, FL 32860 US

FEI Number: 59-3545902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LACOUR, CHARLES
720 N. ORANGE AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LACOUR, CHARLES
4465 EDGEWATER DRIVE
SUITE A
ORLANDO, FL 32804 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: CHARLES LACOUR

03/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LACOUR, CHARLES
Address: 720 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DST () Delete
Name: COX, JOHN W
Address: 200 ST ANDREWS BLVD #1307
City-St-Zip: WINTER PARK, FL 32792

Title: DVP () Delete
Name: MCNULTY, LESLIE
Address: 120 FLAMINGO
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: UNDERWOOD, JAMES
Address: 15 TIMBERLAKE LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SLEDD, TOM
Address: 2408 CATTLEMAN DR
City-St-Zip: BRANDON, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: LACOUR, CHARLES
Address: PO BOX 608198
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change () Addition
Name: COX, JOHN W
Address: 200 ST ANDREWS BLVD #1307
City-St-Zip: WINTER PARK, FL 32792

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: DP () Change (X) Addition
Name: JEAN, LACOUR
Address: 4465 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

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: CHARLES LACOUR

DST

03/29/2008

Electronic Signature of Signing Officer or Director

Date