

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077438

FILED  
Sep 02, 2009  
Secretary of State

Entity Name: THE MCKENZIE TRAINING GROUP, INC.

## Current Principal Place of Business:

3800 W BROWARD BLVD  
STE 108  
PLANTATION, FL 33312 US

## New Principal Place of Business:

4800 N. STATE ROAD  
SUITE 102  
FT. LAUDERDALE, FL 33319 US

## Current Mailing Address:

PO BOX 16494  
PLANTATION, FL 33318

## New Mailing Address:

FEI Number: 74-3035934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

REID-HAMILTON, SHARON A  
5573 PACIFIC BLVD.  
BOCA RATON, FL 33433 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SAMUELS, OLIVER  
Address: 1388 GREENRIDGE TRAIL  
City-St-Zip: ATLANTA, GA 30058

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. REID

PRES

09/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date