

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024111

FILED
Mar 13, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA INSTITUTE OF TRAINING INC.

Current Principal Place of Business:

12340 LAVENDER LOOP
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

PO BOX 20127
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 47-0856105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SABRENA
1000 MEGAN LYNN CT
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

SMITH, SABRENA
12340 LAVENDER LOOP
BRADENTON, FL 34204 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:

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, SABRENA
Address: PO BOX 700621
City-St-Zip: ST CLOUD, FL 347700621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, SABRENA
Address: PO BOX 20127
City-St-Zip: BRADENTON, FL 34204

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: SABRENA SMITH, GOD BLESS

D

03/13/2008

Electronic Signature of Signing Officer or Director

Date