
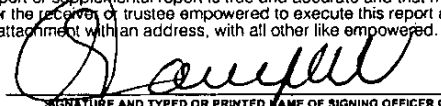


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90142 029 \*\*\*150.00

<b>DOCUMENT # P02000095232</b> 1. Entity Name <b>CENTER FOR CAREER TRAINING INC.</b>					
Principal Place of Business <b>3286 N STATE RD 7 LAUDERDALE LAKES, FL 33319</b>			Mailing Address <b>3286 N STATE RD 7 LAUDERDALE LAKES, FL 33319</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MUNFORD, MAUVA 3190 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319</b>			7. Name and Address of New Registered Agent Name <b>Mauva Munford</b> Street Address (P.O. Box Number is Not Acceptable) <b>3286 N. State Rd. 7</b> City <b>Lauderdale Lakes FL</b> Zip Code <b>33319</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNFORD, MAUVA 3286 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANZO, SUZETTE 3286 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ANDREA 3286 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CLYTIE 3286 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>4/22/2008</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					