

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012022

FILED
May 10, 2006
Secretary of State

Entity Name: ROSE TRAINING INSTITUTE INC.

Current Principal Place of Business:

5401 ALHAMBRA DR.
SUITE B
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 682414
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 02-0668508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, FRANKIE
2169 WINTERMERE POINTE DR.
WINTER GARDEN, FL 34787 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: P () Delete
Name: SOLOMON, ROSE M
Address: 2169 WINTERMERE POINTE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: V () Delete
Name: STALLWORTH, CHEVON
Address: 2169 WINTERMERE POINTE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: SOLOMON, FRANKIE
Address: 2169 WINTERMERE POINTE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STALLWORTH, CHEVON
Address: 4991 TIMBER RIDGE TRAIL
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKIE SOLOMON

T

05/10/2006

Electronic Signature of Signing Officer or Director

Date