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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000071710

1. Entity Name
VOCATIONAL & TECHNICAL ARTS INSTITUTE, INC.

Principal Place of Business	Mailing Address
4811 LYONS TECHNOLOGY PARKWAY BLDG B, STE 2B COCONUT CREEK, FL 33073 US	4811 LYONS TECHNOLOGY PARKWAY BLDG B, STE 2B COCONUT CREEK, FL 33073 US

05192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3720 Park Central Blvd N	3720 Park Central Blvd N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch., FL	City & State: Pompano Bch., FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number 14-1884885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, JACKIE
4811 LYONS TECHNOLOGY PARKWAY
BLDG B, STE 2B
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

Name: Jackie Lombardi
Street Address (P.O. Box Number is Not Acceptable): 3720 Park Central Blvd., N
City: Pompano Bch. FL Zip Code: 33064

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: [signature] DATE: 6/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLNAI, MARY 4811B LYONS TECHNOLOGY PARKWAY,STE 28 COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackie Lombardi 3720 Park Central Blvd. N Pompano Bch., FL 33064	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 6/16/06 954/978-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jackie Lombardi, Director