## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000093194

3625 SWANS LANDING DR

LAND O LAKES, FL 34639 US

Address:

City-St-Zip:

Entity Name: NELSON'S CPR & FIRST AID TRAINING, INC.

FILED Mar 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3625 SWANS LANDING DRIVE LAND O LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** P.O. BOX 152779 TAMPA, FL 336842779 FEI Number: 55-0872541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAW, BILL M 550 N. REO STREET SUITE 300 TAMPA, FL 33609-101 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DE JESUS, NELSON Name: Name: 3625 SWANS LANDING DR Address: Address: City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: DE JESUS, ODALYSS 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: NELSON DEJESUS P 03/26/2009