


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000003106 1. Entity Name FIRE OFFICER TRAINING INSTITUTE, INC.	
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Principal Place of Business P.O. BOX 243 DUNEDIN, FL 34697	Mailing Address P.O. BOX 243 DUNEDIN, FL 34697
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2131304	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIN, HOWARD F 10417 MT DORA ST. NEW PORT RICHEY, FL 34655	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMPETELLI, PATRICK 8812 GRAND BAYOU CT. TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REIN, HOWARD 10417 MT. DORA ST. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMPETELLI, KIMBERLY 8812 GRAND BAYOU CT. TAMPA, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REIN, JOANNE 10417 MT. DORA ST. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	X5/1/08 Date	Daytime Phone #
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