2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P05000003106

Entity Name: FIRE OFFICER TRAINING INSTITUTE, INC.

Current Principal Place of Business:

10417 MT DORA ST.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

10417 MOUNT DORA STREET
NEW PORT RICHEY, FL 34655

Current Mailing Address:

10417 MT DORA ST.
NEW PORT RICHEY, FL 34655

New Mailing Address:

10417 MOUNT DORA STREET
NEW PORT RICHEY, FL 34655

FEI Number: 20-2131304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REIN, HOWARD F
10417 MT DORA ST.
NEW PORT RICHEY, FL 34655 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: COMPETELLI, PATRICK
Address: 8812 GRAND BAYOU CT.
City-St-Zip: TAMPA, FL 33635

Title: VP ( ) Delete
Name: REIN, HOWARD
Address: 10417 MT. DORA ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S (X) Delete
Name: COMPETELLI, KIMBERLY
Address: 8812 GRAND BAYOU CT.
City-St-Zip: TAMPA, FL 34655

Title: T ( ) Delete
Name: REIN, JOANNE
Address: 10417 MT. DORA ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition
Name: REIN, HOWARD
Address: 10417 MT. DORA ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: DST (X) Change ( ) Addition
Name: REIN, JOANNE
Address: 10417 MT. DORA ST.
City-St-Zip: NEW PORT RICHEY, FL 34655

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: HOWARD REIN DP 03/06/2009

Electronic Signature of Signing Officer or Director — Date