

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113715

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** MULTIPLYING TALENTS INTERNATIONAL, INC.

**Current Principal Place of Business:**

PO BOX 682113  
ORLANDO, FL 32868

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 682113  
ORLANDO, FL 32868

**New Mailing Address:**

**FEI Number:** 16-1712955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVAREZ, ARETHA  
4867-6207 CYPRESS WOODS DRIVE  
ORLANDO, FL 32811 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: PT ( ) Delete  
Name: OLIVAREZ, ARETHA  
Address: PO BOX 682113  
City-St-Zip: ORLANDO, FL 32868

Title: S ( ) Delete  
Name: SIMONS, DORETHA  
Address: PO BOX 682113  
City-St-Zip: ORLANDO, FL 32868

Title: D ( ) Delete  
Name: BOYD S, ANGELA  
Address: 505 WATERS RD  
City-St-Zip: CHESAPEAKE, VA 23323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BOYD, ANGELA  
Address: 505 WATERS RD  
City-St-Zip: CHESAPEAKE, VA 23323

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: ARETHA OLIVAREZ

P

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date