

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113715

FILED
Apr 16, 2007
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:

4833 CYPRESS WOODS DR
ORLANDO, FL 32811

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:

OLIVAREZ, ARETHA
4833 CYPRESS WOODS DR.
ORLANDO, FL 32811 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: _____

04/16/2007

Electronic Signature of Registered Agent

Date

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, 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: SIMONS, ADREANNA
Address: P.O.BOX 682113
City-St-Zip: ORLANDO, FL 32868

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

04/16/2007

Electronic Signature of Signing Officer or Director

Date