

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113715

FILED
Apr 17, 2009
Secretary of State

Entity Name: MULTIPLYING TALENTS INTERNATIONAL, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD #175
ORLANDO, FL 32839

New Principal Place of Business:

4705 CAPRI PLACE
ORLANDO, FL 32811

Current Mailing Address:

4700 MILLENIA BLVD #175
ORLANDO, FL 32839

New Mailing Address:

4705 CAPRI PLACE
ORLANDO, FL 32811

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
4700 MILLENIA BLVD. #715
ORLANDO, FL 32839 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: 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: SIMONS, ADREANNA
Address: P.O.BOX 682113
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: OLIVAREZ, ARETHA
Address: 4705 CAPRI
City-St-Zip: ORLANDO, FL 32811

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

Title: () Change () Addition
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: ARETHA OLIVAREZ

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date