2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000014526

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: TRUSBELL, JOEL

TAMPA, FL 33617

6322 MISTY TERRACE

() Delete

FILED Sep 03, 2008 Secretary of State

0001		0000011020				Ocorcia	y Or Otate
Entity Nar	ne: BIOSCI	ENCE TRAINING ACADEMY,	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 94 LARGO, FL 33779				7360 ULMERTON ROAD UNIT 26E LARGO, FL 33771			
Current Mailing Address:				New Mailing Address:			
7360 ULMERTON RD UNIT 26E LARGO, FL 33771				PO BOX 94 LARGO, FL 33779			
FEI Number:	20-4247743	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Statu	us Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Registered A	Agent:
UNIT 26E LARGO, F The above	ERTON RD L 33771 US	s y submits this statement for the	e purpose c	of changing i	ts registere	d office or registered	d agent, or both,
SIGNATUR	RE:						
	Electro	onic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DAVIDBERG,	() Delete , JOSHUA KEN TON RD., UNIT 26E 33771		Title: Name: Address: City-St-Zip:	PSD FOX, SYLO PO BOX 94 LARGO, FL		n
Title: Name: Address: City-St-Zip:	VD (VADDIPARTH PO BOX 296 ETNA, NY 13			Title: Name: Address: City-St-Zip:		() Change () Addition	1
Title [.]	D (() Delete		Title [.]	D	(X) Change () Addition	1

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

TAAFFE, JACK

HICKS, MEL

TAMPA, FL 33624

13906 VILLAGE LAKE PL

5460 FITNESS CIRCLE

ORLANDO, FL 32809

() Change (X) Addition

SIGNATURE: JACK TAAFFE D 09/03/2008