


FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90190 002 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000094732			
1. Entity Name NURSING ASSISTANT TRAINING ACADEMY OF THE TREASURE COAST, INC.			
Principal Place of Business 870 11TH DRIVE VERO BEACH, FL 33960		Mailing Address 870 11TH DRIVE VERO BEACH, FL 33960	
2. Principal Place of Business - No P.O. Box # 1436 C Old Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 1436 Old Dixie Hwy Suite, Apt. #, etc. Suite F	
City & State Vero Beach FL		City & State Vero Beach	
Zip 32960	Country Indian River	Zip 32960	Country Indian River
4. FEI Number 65-1286744		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02072007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LEE, WENDY C 870 11TH DRIVE VERO BEACH, FL 33960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1436C OLD DIXIE HWY Suite 3 Suite F City Vero Beach FL Zip Code 32960	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Wendy C Lee</u> DATE: <u>04/05/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WENDY C LEE 870 11TH DRIVE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Wendy C Lee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>04/05/07</u> PHONE: <u>772-564-7190</u>	