


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P06000140067	
1. Entity Name BROKERTRAININGSCHOOL.COM, INC.	

Principal Place of Business 290 9TH STREET NORTH SUITE 202 SAINT PETERSBURG, FL 33705 US	Mailing Address 290 9TH STREET NORTH SUITE 202 SAINT PETERSBURG, FL 33705 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3682571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WERLIN, PAUL A
290 9TH STREET NORTH
SUITE 202
SAINT PETERSBURG, FL 33705

DO NOT WRITE
IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WERLIN, PAUL A 290 9TH STREET NORTH, SUITE 202 SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WERLIN, PAUL A 290 9TH STREET NORTH, SUITE 202 SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D CARRENO, KEVIN 2202 N. WESTSHORE BLVD., SUITE 200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D ROWELL, DAVID 200 BEACH DR., NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLUSKY, THOMAS 3901 IMAGINARY RD. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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01/24/08-80032-003 150.00

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: Paul A. Werlin 1/18/08 727-898-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #