


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90226 008 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P07000106252</b>   |  |
| 1. Entity Name<br><b>ASSOCIATES IN ADVANCED NARCOTICS TRAINING, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1428 HOUNDS HOLLOW COURT<br/>LUTZ, FL 33548</b> | Mailing Address<br><b>1428 HOUNDS HOLLOW COURT<br/>LUTZ, FL 33548</b> |
|---|---|

40095876



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

05022008 Chg-P CR2E034 (12/06)

|                                   |  |
|-----------------------------------|--|
| 4. FEI Number<br><b>260970904</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>MATULIS, JAMES M ESQ<br/>501 E. KENNEDY BLVD, SUITE 1700<br/>TAMPA, FL 33602</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|--|--|

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KELLEY, SHARON S<br/>1428 HOUNDS HOLLOW COURT<br/>LUTZ, FL 33548</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: <b>SHARON S. KELLEY</b> <i>Sharon S. Kelley</i>                        | Date <b>5/2/08</b> | Daytime Phone # <b>813 240 9035</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                    |                                     |

ATTACHMENT

40095876

#P07060106252

**AIEME**

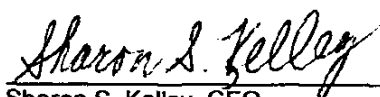
**From:** "Sharon Kelley" <sharon.kelley@aieme.com>  
**To:** "Norris" <nkelley11@verizon.net>  
**Sent:** Friday, May 02, 2008 12:54 PM

Pursuant to my conversation with Sean, a supervisor at the corporations office, we have downloaded the 2008 corporate renewal form and are sending it in with a check for \$150.

I apologize for getting the renewal in a day late. This is a new corporation for us and unfortunately, when we updated our system, the new EIN apparently did not copy over. I was out of town and my staff was unable to locate it and my internet access and wireless both went out of service at the time and I was therefore unable to obtain the EIN for them.

We've never been late before to my knowledge and I also found out today that we don't have to wait until May 1st to submit the form.

Thank you again for your consideration to us.



Sharon S. Kelley, CEO  
Associates In Emergency Medical Education, Inc.  
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Lutz, Florida 33548  
813.949.9282 office  
813.949.1797 facsimile  
www.AIEME.com