2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P07000110961

Entity Name: MOBILE CPR EDUCATORS, CORP.

Current Principal Place of Business:

1901 W. COLONIAL DR.
SUITE 8
ORLANDO, FL 32804

New Principal Place of Business:

1901 W. COLONIAL DR.
SUITE 2
ORLANDO, FL 32804

Current Mailing Address:

1901 W. COLONIAL DR.
SUITE 8
ORLANDO, FL 32804

New Mailing Address:

1901 W. COLONIAL DR.
SUITE 2
ORLANDO, FL 32804

FEI Number: 26-1221746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROST, DONALD L
4556 ROSS LANIER LANE
KISSIMMEE, FL 34758 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

OFFICERS AND DIRECTORS:

Title: P
Name: BROST, DONALD
Address: 1901 W. COLONIAL DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

Title: VP
Name: BROST, JENNIFER A
Address: 1901 W. COLONIAL DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

Title: SEC.
Name: BROST, LAUREN M
Address: 1901 W. COLONIAL DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

Title: TRES
Name: BROST, DONALD L
Address: 1901 W. COLONIAL DR., SUITE 2
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: DONALD BROST PRES 04/19/2012

Electronic Signature of Signing Officer or Director — Date