

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000094633

FILED
Apr 30, 2010
Secretary of State

Entity Name: CAMELOT HEALTHCARE TRAINING INSTITUTE INC.

Current Principal Place of Business:

249 MAITLAND AVENUE
3RD FLOOR
ORLANDO, FL 32701

New Principal Place of Business:

249 MAITLAND AVENUE
3RD FLOOR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

3452 LAKE LYNDY DRIVE
SUITE 111
ORLANDO, FL 32817

New Mailing Address:

249 MAITLAND AVE
3RD FLOOR
ALTAMONTE SPRINGS, FL 32701

FEI Number: 27-1280556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEARER, DENISE J MRS.
14734 HARTFORD RUN DRIVE
ORLANDO, FL 32828 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: ABRAHAMS-GREEN, SHELLEY-MAY A MRS
Address: 2927 CURVING OAKS WAY
City-St-Zip: ORLANDO, FL 32820

Title: VP,T
Name: THOMPSON-SHEARER, DENISE J MRS
Address: 14734 HARTFORD RUN DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: S
Name: WATSON-EDGE, CAROL MRS
Address: 4880 STACK BLVD
City-St-Zip: MELBOURNE, FL 32901

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: SHELLEY ABRAHAMS-GREEN

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date