

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073801

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** FRANCHISE TRAINING INSTITUTE, INC.

**Current Principal Place of Business:**

37 N ORANGE AVE  
STE 500  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

37 N ORANGE AVE  
STE 500  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 80-0710028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTER, SABRINA A  
37 N ORANGE AVE  
STE 500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

WALL, SABRINA A  
37 N ORANGE AVE  
STE 500  
ORLANDO, FL 32801 US

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: SABRINA WALL

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: WALL, SABRINA A  
Address: 37 N. ORANGE AVE STE 500  
City-St-Zip: ORLANDO, FL 32801

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: SABRINA WALL

DIR

04/26/2011

Electronic Signature of Signing Officer or Director

Date