


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90095 024 \*\*\*150.00

<b>DOCUMENT # P93000038067</b>	
1. Entity Name <b>THE SOURCE FOR TRAINING, INC.</b>	

Principal Place of Business <b>2875 S DELANEY AVE ORLANDO FL 32806</b>	Mailing Address <b>2875 S DELANEY AVE ORLANDO FL 32806</b>
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2. Principal Place of Business - No P.O. Box # <b>2209 Hoffner Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>2209 Hoffner Ave</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City/State <b>ORLANDO, FL</b>	City/State <b>Orlando, FL</b>
Zip <b>32809</b>	Zip <b>32809</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3181361</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROGERS, NANCY C 2875 S DELANEY AVENUE ORLANDO FL 32806</b>	
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7. Name and Address of New Registered Agent Name <b>NANCY C. ROGERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2209 Hoffner Ave</b> City <b>Orlando</b> FL Zip Code <b>32809</b>	
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>P ROGERS, NANCY C 2875 S DELANEY AVE ORLANDO FL 32806</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>2209 Hoffner Ave Orlando, FL 32809</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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: **Nancy C. Rogers** 407-365-9980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #