2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# P94000044161

Entity Name: THE PINO TRAINING ORGANIZATION, INC.

Current Principal Place of Business:

255 S. ORANGE AVE.
6TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

111 N. MAGNOLIA AVENUE
SUITE 1600
ORLANDO, FL 32801

Current Mailing Address:

P. O. BOX 1511
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-3253791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: PINO, LAURENCE J
Address: 255 S ORANGE AVE, 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete
Name: WILSON, PATRICIA T
Address: 255 S ORANGE AVE, 6TH FLOOR
City-St-Zip: ORLANDO, FL

Title: T (X) Delete
Name: NICKERSON, CRAIG
Address: 255 S ORANGE AVE 6TH FLOOR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PINO, LAURENCE J
Address: 111 N. MAGNOLIA AVENUE, SUITE 1600
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Change ( ) Addition
Name: WILSON, PATRICIA
Address: 111 N. MAGNOLIA AVENUE, SUITE 1600
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA WILSON SECR 09/28/2009

Electronic Signature of Signing Officer or Director Date