2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000012310

1. Entity Name
SUMNER INTERNATIONAL TRAINING SERVICES, INC.

FILED
Jul 07, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2760 NOTTINGHAM COURT TITUSVILLE, FL 32796	2760 NOTTINGHAM COURT TITUSVILLE, FL 32796

07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3303546
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, MICHAEL H
2760 NOTTINGHAM CT
TITUSVILLE, FL 32796

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUMNER, BARBARA L
STREET ADDRESS	880 RT DE MONTAUROUX
CITY-ST-ZIP	CALLIAN, FRANCE, 43880
TITLE	P
NAME	SUMNER, THOMAS L
STREET ADDRESS	880 RT DE MONTAUROUX
CITY-ST-ZIP	CALLIAN, FRANCE, 43880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/08-80008-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 7-3-08 321-383-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #