

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072263

FILED
May 01, 2008
Secretary of State

Entity Name: NEW EPISODE TRAINING CENTER, INC.

Current Principal Place of Business:

5510 NORTHWEST 75TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

POB 771056
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-3397770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAINES, TIM D
125 NE 1ST AVENUE #1
OCALA, FL 34470 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERARD, PATRICK A
Address: 5510 NORTHWEST 75TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: EVERARD, ELIZABETH
Address: 5510 NORTHWEST 75TH AVENUE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ELIZABETH EVERARD

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date