
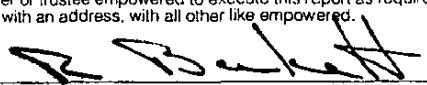


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90041 002 ***150.00

DOCUMENT # P98000084119													
1. Entity Name DAVGAR TRAINING & DEVELOPMENT CONSULTING, INC.													
Principal Place of Business 601 NORTH NEW YORK AVE. 201 WINTER PARK, FL 32789			Mailing Address P.O. BOX 2066 WINTER PARK, FL 32790										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 59-3535503									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent GARCIA, GINA M 601 NORTH NEW YORK AVE. WINTER PARK, FL 32789			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ste 201</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		Ste 201		City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
Ste 201													
City	FL Zip Code												
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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	GARCIA, GINA M		NAME										
STREET ADDRESS	601 NORTH NEW YORK AVE.		STREET ADDRESS	601 N. NEW YORK AVE Ste 201									
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BARKETT, RUSSELL		NAME										
STREET ADDRESS	601 N. NEW YORK AVE.		STREET ADDRESS	601 N. NEW YORK AVE Ste 201									
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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CITY-ST-ZIP			CITY-ST-ZIP										
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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: 			2/28/08										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #										

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