2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 12, 2008 08:00 A Secretary of State DOCUMENT # P99000008121 1. Entity Name TERRICK TRAINING, INC. Principal Place of Business Mailing Address 1200 STARKEY RD 1200 STARKEY RD STE 210 STE 210 LARGO, FL 33771 LARGO, FL 33771 No Cha-P CR2E034 (11/05) 03042008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3553380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, GARY W DO NOT WRITE 311 S MISSOURI AVE CLEARWATER, FL 33756 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U000000854971 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/27/08-80031-002 150.00 OFFICERS AND DIRECTORS 10. TITLE ABASIAL, RICHARD G III NAME STREET ADDRESS 40 BOURNE CR CITY ST-ZIP PALM HARBOR, FL 34683 DVPS TITLE ABASIAL, TERESA ANNE NAME STREET ADDRESS 40 BOURNE CR. CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 aport as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment war

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS