

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848041

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC3818413006**

**Entity Name:** NIDA TRAINER CORPORATION

**Current Principal Place of Business:**

300 S. JOHN RODES BLVD.  
MELBOURNE, FL 32904

**Current Mailing Address:**

300 S. JOHN RODES BLVD.  
MELBOURNE, FL 32904

**FEI Number:** 06-0884221

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOHRR, PHILIP F  
1795 W. NASA BLVD.  
MELBORNE, FL 32901 US

*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

**Officer/Director Detail :**

Title D  
Name BEAUSEIGNEUR, JOE  
Address 300 S. JOHN RODES BLVD.  
City-State-Zip: MELBOURNE FL 32904

Title D  
Name BEAUSEIGNEUR, LYDIA  
Address 300 S. JOHN RODES BLVD.  
City-State-Zip: MELBOURNE FL 32904

Title O  
Name BEAUSEIGNEUR, KATIE  
Address 300 S. JOHN RODES BLVD.  
City-State-Zip: MELBOURNE FL 32904

Title O  
Name PHILLIP KEVIN, GULLIVER  
Address 300 S. JOHN RODES BLVD  
City-State-Zip: MELBOURNE FL 32904

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATIE BEAUSEIGNEUR

**BUSINESS MANAGER**

**03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date