


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90018 050 \*\*\*158.75

**DOCUMENT # F99000005665**  
 1. Entity Name  
**INTERACTIVE TRAINING SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**816 LEOPARD TRAIL**      **816 LEOPARD TRAIL**  
**WINTER SPRINGS, FL 32708**      **WINTER SPRINGS, FL 32708**

**34008601**



2. Principal Place of Business      3. Mailing Address  
**1431 Bird Road**      **1431 Bird Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02162004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Wintersprings FL**      **Wintersprings FL**  
 Zip      Country      Zip      Country  
**32708**           **32708**           **32708**           **32708**           **32708**           **32708**           **32708**

4. FEI Number      Applied For  
**59-3576251**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**FROMAN, RONALD D**  
**816 LEOPARD TRAIL**  
**WINTER SPRINGS, FL 32708**

**7. Name and Address of New Registered Agent**  
 Name: **Froman, Ronald D.**  
 Street Address (P.O. Box Number is Not Acceptable): **1431 Bird Road**  
 City: **Wintersprings**      State: **FL**      Zip Code: **32708**

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]*      DATE: **2-17-04**  
Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FROMAN, RONALD D	816 LEOPARD TRAIL	WINTER SPRINGS, FL 32708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Froman, Ronald D.	1431 Bird Road	Wintersprings, FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*      DATE: **2-19-04**      DAYTIME PHONE: **407/699-9622**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #