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Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90009 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M49550

1. Entity Name
INNOVATIVE TRAINING SOLUTIONS, INC.

40036360

03132006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
10396 SW 17TH DR DAVIE, FL 33324 US	10396 SW 17TH DR DAVIE, FL 33324 US

2. Principal Place of Business	3. Mailing Address
2422 Retriever Lane	2422 Retriever Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greensboro, NC	City & State: Greensboro, NC
Zip: 27455-2691 Country: USA	Zip: 27455-2691 Country: USA

4. FEI Number: 59-2807252 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOSYK, LOIS
10396 SW 17TH DR
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name: Susan Cressionnie
Street Address (P.O. Box Number is Not Acceptable): 702 King Fisher Way
City: Sebastian FL Zip Code: 32958

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: Susan E. Cressionnie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOSYK, ROBERT 10396 SW 17TH DR DAVIE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2422 Retriever Lane Greensboro,NC 27455-2691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS LOSYK, LOIS 10396 SW 17TH DR DAVIE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2422 Retriever Lane Greensboro, NC 27455-2691
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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: Lois Losyk Lois Losyk 3/20/06 336 288-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #