

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2006  
Secretary of State**

DOCUMENT# N01000006352

Entity Name: DATA MANAGEMENT AND TRAINING GROUP, INC.

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD.  
#321  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD.  
#321  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-3741840      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLZENDORF, KESSLER  
9838 OLD BAYMEADOWS RD.  
#321  
JACKSONVILLE, FL 32256 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: HOLZENDORF, KESSLER  
Address: 7511 FAWN LAKE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP ( ) Delete  
Name: GRUSZECKI, MARK  
Address: 7511 FAWN LAKE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP ( ) Delete  
Name: HOLZENDORF, KEVIN  
Address: 9838 OLD BAYMEADOW RD., #321  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KESSLER HOLZENDORF

DIR

01/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date