

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006352

FILED
Mar 18, 2007
Secretary of State

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 L HOLZENDORF

DPS

03/18/2007

Electronic Signature of Signing Officer or Director

_____ Date