

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006241

FILED
Apr 28, 2005
Secretary of State

Entity Name: PROFESSIONAL TRAINING ASSOCIATION CORPORATION

Current Principal Place of Business:

321 NORTH LAKE BLVD
102
NORTH PALM BEACH, FL 33408

Current Mailing Address:

8568 NW 28TH COURT
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

321 NORTHLAKE BLVD
102
NORTH PALM BEACH, FL 334085410 US

New Mailing Address:

8568 NW 28TH COURT
CORAL SPRINGS, FL 330655319 US

FEI Number: 65-1053847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLICK, MITCHELL
8568 NW 28TH COURT
CORAL SPRINGS, FL 33404 US

Name and Address of New Registered Agent:

WALLICK, MITCHELL
8568 NW 28TH COURT
CORAL SPRINGS, FL 330655319 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:

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLICK, MITCHELL
Address: 8568 NW 28TH CT.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: WALLICK, AIMEE
Address: 8568 NW 28TH CT.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: WALLICK, SARENE
Address: 8568 NW 28TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLICK, MITCHELL
Address: 8568 NW 28TH CT.
City-St-Zip: CORAL SPRINGS, FL 330655319 US

Title: SD (X) Change () Addition
Name: WALLICK, AIMEE
Address: 8568 NW 28TH CT.
City-St-Zip: CORAL SPRINGS, FL 330655319 US

Title: D (X) Change () Addition
Name: WALLICK, SARENE
Address: 8568 NW 28TH COURT
City-St-Zip: CORAL SPRINGS, FL 330655319 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MITCHELL E WALLICK

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date