

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000729

**Entity Name:** ASSOCIATED TRAINING SYSTEMS, INC.

**Current Principal Place of Business:**

435 SELVA LAKES CIRCLE  
ATLANTIC BEACH, 32233

**Current Mailing Address:**

1415 OCEAN SHORE BLVD SUITE 505  
ORMOND BEACH, FL 32176

**FEI Number:** 36-3091632

**Certificate of Status Desired:** No

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

COUGLE, LEROY G  
435 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name COUGLE, LEROY G  
Address 435 SELVA LAKES CIRCLE  
City-State-Zip: ATLANTIC BEACH 32233

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEROY G COUGLE

**PRESIDENT**

**06/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date