

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345602

FILED  
May 24, 2005  
Secretary of State

Entity Name: TRAINING TECHNIQUES COMPANY, INC.

**Current Principal Place of Business:**

5328 WOOSTER RD  
CINCINNATI, OH 45226

**New Principal Place of Business:**

**Current Mailing Address:**

5328 WOOSTER RD  
CINCINNATI, OH 45226

**New Mailing Address:**

FEI Number: 59-1547006      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRUNETTI, B.E.  
1656 SE 10TH TERRACE  
FORT LAUDERDALE, FL 33316      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: NANCE, HAROLD W,  
Address: 3732 WEST ST  
City-St-Zip: CINCINNATI, OH

Title: VD ( ) Delete  
Name: SHEPHERD, LEROY K.,  
Address: 8060 SHAWNEE RUN RD.  
City-St-Zip: CINCINNATI, OH

Title: SD ( ) Delete  
Name: LAFFIN, CONSTANCE D.,  
Address: 3732 WEST ST.  
City-St-Zip: CINCINNATI, OH

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

SIGNATURE: HAROLD W. NANCE

PCD

05/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date