

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345602

FILED
Apr 26, 2007
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:

5328 WOOSTER RD
CINCINNATI, OH 45226 US

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: PCD (X) Change () Addition
Name: NANCE, HAROLD W,
Address: 3732 WEST ST
City-St-Zip: CINCINNATI, OH 45227 US

Title: VD (X) Change () Addition
Name: SHEPHERD, LEROY K.,
Address: 8060 SHAWNEE RUN RD.
City-St-Zip: CINCINNATI, OH 45246 US

Title: SD (X) Change () Addition
Name: LAFFIN, CONSTANCE D.,
Address: 3732 WEST ST.
City-St-Zip: CINCINNATI, OH 45227 US

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 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

CP/D

04/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date