

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000826

FILED
Feb 16, 2006
Secretary of State

Entity Name: ASSOCIATED TRAINING SERVICES, CORP.

Current Principal Place of Business:

5177 W. HOMOSASSA TRAIL
LECONTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

5177 W. HOMOSASSA TRAIL
LECANTO, FL 34461

New Mailing Address:

FEI Number: 39-1869779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLABACKA, MARK
5177 W. HOMOSASSA TRAIL
LECANTO, FL 34461 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: PD () Delete
Name: KLABACKA, MARK
Address: 151 E MADEIRA AVE
City-St-Zip: MADEIRA BCH, FL 33708

Title: VD () Delete
Name: KLABACKA, JOHN
Address: 7190 ELDER LANE
City-St-Zip: SUN PRAIRIE, WI

Title: ST () Delete
Name: KLABACKA, JERRY
Address: 7190 ELDER LANE
City-St-Zip: SUN PRAIRIE, WI

Title: CD () Delete
Name: KLABACKA, LUCILLE
Address: 2227 MARLBORO DR.
City-St-Zip: HENDERSON, NV

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KLABACKA, MARK
Address: 191 E. KELLER CT.
City-St-Zip: HERNANDO, FL 34442

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

SIGNATURE: MARK KLABACKA

PD

02/16/2006

Electronic Signature of Signing Officer or Director

Date