2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# F04000001245

Entity Name: CUSTOM TRAINING GROUP, INC.

Current Principal Place of Business:

20410 NORTH 19TH AVENUE, STE. 200
PHOENIX, AZ 85027

New Principal Place of Business:

Current Mailing Address:

20410 NORTH 19TH AVENUE, STE. 200
PHOENIX, AZ 85027

New Mailing Address:

FEI Number: 94-2752032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	CEO	( ) Delete
Name:	MCWATERS, KIMBERLY J	
Address:	20410 N. 19TH AVE., STE 200	
City-St-Zip:	PHOENIX, AZ 85027	
Title:	SRVP	( ) Delete
Name:	SPEER, ROGER	
Address:	20410 NORTH 19TH AVENUE, STE. 200	
City-St-Zip:	PHOENIX, AZ 85027	
Title:	CHRM	( ) Delete
Name:	WHITE, JOHN C	
Address:	20410 NORTH 19TH AVENUE, STE. 200	
City-St-Zip:	PHOENIX, AZ 85027	
Title:	ASEC	( ) Delete
Name:	FREED, CHAD A	
Address:	20410 NORTH 19TH AVENUE, STE. 200	
City-St-Zip:	PHOENIX, AZ 85027	
Title:	CFO	( ) Delete
Name:	HASLIP, JENNIFER K	
Address:	20410 NORTH 19TH AVENUE, STE. 200	
City-St-Zip:	PHOENIX, AZ 85027	

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:	
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: CHAD FREED ASEC 01/29/2007

Electronic Signature of Signing Officer or Director Date