


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004580 1. Entity Name TI TRAINING CORP.	
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Principal Place of Business 96 INVERNESS DR. EAST, UNIT I ENGLEWOOD, CO 80112	Mailing Address 96 INVERNESS DR. EAST, UNIT I ENGLEWOOD, CO 80112
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07202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3774326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARTRIDGE, NED 1392 PHEASANT RUN ROCKLEDGE, FL 32955	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 07/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OTTE, GREG
STREET ADDRESS	96 INVERNESS DR. EAST, UNIT I
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	V
NAME	BROWN, TODD
STREET ADDRESS	96 INVERNESS DR. EAST, UNIT I
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	S
NAME	OTTE, KILA
STREET ADDRESS	96 INVERNESS DR. EAST, UNIT I
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	T
NAME	MASON, JOE
STREET ADDRESS	96 INVERNESS DR. EAST, UNIT I
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Mason *Joe Mason, VP 7/20/07* 303-414-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #