

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004580

FILED
Jan 23, 2009
Secretary of State

Entity Name: TI TRAINING CORP.

Current Principal Place of Business:

14998 WEST 6TH AVE, SUITE 500
GOLDEN, CO 80401

New Principal Place of Business:

Current Mailing Address:

14998 WEST 6TH AVE, SUITE 500
GOLDEN, CO 80401

New Mailing Address:

FEI Number: 11-3774326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTRIDGE, NED
1392 PHEASANT RUN
ROCKLEDGE, FL 32955 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: P () Delete
Name: OTTE, GREG
Address: 14998 W 6TH AVE, SUITE 500
City-St-Zip: GOLDEN, CO 80112

Title: V () Delete
Name: BROWN, TODD
Address: 14998 W 6TH AVE, SUITE 500
City-St-Zip: GOLDEN, CO 80401

Title: S () Delete
Name: OTTE, KILA
Address: 14998 W 6TH AVE, SUITE 500
City-St-Zip: GOLDEN, CO 80401

Title: T () Delete
Name: MASON, JOE
Address: 14998 W 6TH AVE
City-St-Zip: GOLEN, CO 80401

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOE MASON

TRES

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date