2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# F97000005735

Entity Name: SULLIVAN & COGLIANO TRAINING CENTERS, INC.

Current Principal Place of Business:

7700 NORTH KENDALL DR.
MIAMI, FL 331562525

New Principal Place of Business:

Current Mailing Address:

7700 NORTH KENDALL DR.
MIAMI, FL 331562525

New Mailing Address:

FEI Number: 04-3196474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, NANCY
7700 NORTH KENDALL DR.
MIAMI, FL 331562525 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:	PDC	( ) Delete
Name:	COGLIANO, HERBERT S	
Address:	12 ALCORN CROSSING	
City-St-Zip:	WESTFORD, MA 01886	
Title:	VTD	( ) Delete
Name:	COGLIANO, JOHN M	
Address:	9 ISLAND PATH	
City-St-Zip:	WESTFORD, MA 01886	
Title:	D	( ) Delete
Name:	COGLIANO, JOHN JR	
Address:	9 ISLAND PATH	
City-St-Zip:	WESTFORD, MA 01886	
Title:	SD	( ) Delete
Name:	COGLIANO, JAMES J	
Address:	11 PRESERVATION WAY	
City-St-Zip:	WESTFORD, MA 01886	
Title:	D	( ) Delete
Name:	AUDREY A COGLIANO,	
Address:	9 ISLAND PATH	
City-St-Zip:	WESTFORD, MA 01886	

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:	D	(X) Change ( ) Addition
Name:	COGLIANO, AUDREY A	
Address:	9 ISLAND PATH	
City-St-Zip:	WESTFORD, MA 01886	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HERBERT S. COGLIANO PDC 01/28/2005

Electronic Signature of Signing Officer or Director — Date