
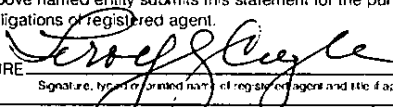
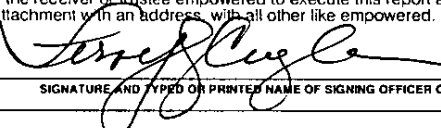


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90026 001 ***150.00
03-17-2005 90026 002 *****8.75

DOCUMENT # F99000000729 1. Entity Name ASSOCIATED TRAINING SYSTEMS, INC.					
Principal Place of Business 1 7TH STREET ST AUGUSTINE BCH, FL 32080			Mailing Address 1 7TH STREET ST AUGUSTINE BCH, FL 32080		
2. Principal Place of Business 29 PINEVIEW LAKE CIRCLE		3. Mailing Address 29 PINEVIEW LAKE CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FEI Number 36-3091632	
Zip 32174		Country VOLUSIA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COUGLE, LEROY G 1 7TH STREET ST AUGUSTINE BCH, FL 32080			7. Name and Address of New Registered Agent Name COUGLE, LEROY G. Street Address (P.O. Box Number is Not Acceptable) 29 PINEVIEW LAKE CIRCLE City ORMOND BEACH FL Zip Code 32174		
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  LEROY G. COUGLE 2/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COUGLE, LEROY G 1 7TH STREET ST AUGUSTINE BCH, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COUGLE, LEROY G. 29 PINEVIEW LAKE CIRCLE ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  LEROY G. COUGLE 2/23/05 (386) 672-3289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					