

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90018 050 \*\*\*158.75

<b>DOCUMENT # F99000005665</b> 1. Entity Name <b>INTERACTIVE TRAINING SOLUTIONS, INC.</b>																																							
Principal Place of Business <b>816 LEOPARD TRAIL WINTER SPRINGS, FL 32708</b>		Mailing Address <b>816 LEOPARD TRAIL WINTER SPRINGS, FL 32708</b>																																					
2. Principal Place of Business <b>1431 Bird Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>1431 Bird Rd.</b> Suite, Apt. #, etc.																																					
City & State <b>Wintersprings FL</b>		City & State <b>Wintersprings FL</b>																																					
Zip <b>32708</b>		Zip <b>32708</b>																																					
Country		Country																																					
4. FEI Number <b>59-3576251</b>		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent  <b>FROMAN, RONALD D 816 LEOPARD TRAIL WINTER SPRINGS, FL 32708</b>		7. Name and Address of New Registered Agent Name <b>Froman, Ronald D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1431 Bird Road</b> City <b>Wintersprings</b> <b>FL</b> Zip Code <b>32708</b>																																					
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: <b>2-17-04</b> <small>Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Delete</td> <td style="width: 75%;">NAME</td> </tr> <tr> <td>NAME</td> <td>FROMAN, RONALD D</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>816 LEOPARD TRAIL</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER SPRINGS, FL 32708</td> <td></td> <td></td> </tr> </table>		TITLE	P	Delete	NAME	NAME	FROMAN, RONALD D			STREET ADDRESS	816 LEOPARD TRAIL			CITY-ST-ZIP	WINTER SPRINGS, FL 32708			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 5%;">Change</td> <td style="width: 5%;">Addition</td> <td style="width: 70%;">NAME</td> </tr> <tr> <td>NAME</td> <td>Froman, Ronald D.</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1431 Bird Road</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Wintersprings, FL 32708</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	Change	Addition	NAME	NAME	Froman, Ronald D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		STREET ADDRESS	1431 Bird Road				CITY-ST-ZIP	Wintersprings, FL 32708			
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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:		Date: <b>2-19-04</b> Daytime Phone #: <b>407/699-9622</b>																																					

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