## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K42076

FILED Mar 26, 2005 Secretary of State

Entity Name: AMERICAN TRAINING INSTITUTE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	FICE BOX 2116 BEACH, FL 3			
Current Mailing Address:		New Mailing Address:		
	ECHOBEE BL LM BEACH, FL			
El Number	: 59-2998713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
JONES, R I37 ORAN				
	BEACH, FL 3	32014 US		
DAYTONA The above	BEACH, FL 3		ourpose of changing its registere	d office or registered agent, or both,
DAYTONA The above	BEACH, FL 3 named entity set of Florida.		ourpose of changing its registere	d office or registered agent, or both,
DAYTONA  The above  n the State	BEACH, FL 3 named entity se of Florida.			od office or registered agent, or both,  Date
DAYTONA The above In the State GIGNATU	named entity se of Florida.  RE: Electron	submits this statement for the բ		
DAYTONA  The above in the State  BIGNATUE  Election Car	named entity se of Florida.  RE: Electron	submits this statement for the particles of Registered Age of Trust Fund Contribution ( ).	ent	
DAYTONA The above In the State BIGNATUE Election Cal	named entity see of Florida.  RE: Electron  mpaign Financing  S AND DIREC	submits this statement for the partic Signature of Registered Aga Trust Fund Contribution ( ). TORS:	ent	Date
DAYTONA The above In the State GIGNATUI Election Car DFFICER Title: Idame: Idadress:	named entity see of Florida.  RE:	submits this statement for the particle Signature of Registered Age Trust Fund Contribution ( ).  TORS:  Delete ARVEY	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ROBERT JONES AGEN 03/26/2005