## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K42076

FILED Apr 16, 2008 Secretary of State

Entity Name: AMERICAN TRAINING INSTITUTE, INC.

urrent P	Principal Place	OT BUSINESS:	New Principal Place	OT BUSINESS:
	NGE AVENUE A BEACH, FL (	32114		
urrent Mailing Address:		ss:	New Mailing Address:	
	ECHOBEE BL LM BEACH, FI			
El Number	: 59-2998713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
ame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
ONES, R 37 ORAN				
	BEACH, FL	32014 US		
AYTONA he above	A BEACH, FL (		ourpose of changing its registere	d office or registered agent, or both,
AYTONA he above	A BEACH, FL 3 e named entity e e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
AYTONA ne above the State	A BEACH, FL 3 e named entity e e of Florida. RE:			d office or registered agent, or both,  Date
AYTONA he above the State	A BEACH, FL 3 e named entity e e of Florida.  RE: Electror	submits this statement for the p		
AYTONA he above the State IGNATUI ection Car	A BEACH, FL 3 e named entity e e of Florida.  RE: Electror	submits this statement for the particles of Registered Age of Trust Fund Contribution ( ).	ent	
AYTONA  ne above the State IGNATUI  ection Car	A BEACH, FL 3 e named entity e of Florida.  RE: Electror mpaign Financin S AND DIREC	submits this statement for the partic Signature of Registered Age of Trust Fund Contribution ( ).  TORS:	ent	Date
AYTONA  ne above the State GNATUI  ection Car  FFICER: le: le: ldress:	e named entity e e of Florida.  RE:  Electror  mpaign Financin  S AND DIREC  C  O'NEAL, TED  60 SEWARD #  DETROIT, MI	submits this statement for the partic Signature of Registered Age g Trust Fund Contribution ( ).  TORS: ) Delete 45. ) Delete ARVEY R.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: ROBERT JONES DIR 04/16/2008