

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071936

FILED
Jul 29, 2005
Secretary of State

Entity Name: EAST COAST TRAINING SYSTEMS LLC

Current Principal Place of Business:

13 KASPER PATH
PALM COAST, FL 32164 US

New Principal Place of Business:

51 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

Current Mailing Address:

13 KASPER PATH
PALM COAST, FL 32164 US

New Mailing Address:

51 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

FEI Number: 20-1708995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DOBBINS, MITCHELL D
13 KASPER PATH
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

DOBBINS, MITCHELL D
51 BLACK HICKORY WAY
ORMOND BEACH, FL 32174 US

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: MITCHELL D. DOBBINS

07/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOBBINS, MITCHELL D
Address: 13 KASPER PATH
City-St-Zip: PALM COAST, FL 32164 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOBBINS, MITCHELL D
Address: 51 BLACK HICKORY WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MITCHELL D. DOBBINS

MGRM

07/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date