2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2006 8:00 am
Secretary of State

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1. Entity Name
INNOVATIVE TRAINING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
10396 SW 17TH DR DAVIE, FL 33324 US	10396 SW 17TH DR DAVIE, FL 33324 US

2. Principal Place of Business	3. Mailing Address
2422 Retriever Lane	2422 Retriever Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Greensboro, NC	Greensboro, NC
Zip: 27455-2691 / Country: USA	Zip: 27455-2691 / Country: USA

4. FEI Number: 59-2807252 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOSYK, LOIS 10396 SW 17TH DR DAVIE, FL 33324	Name: Susan Cressionnie Street Address: (P.O. Box Number is Not Acceptable) 102 King Fisher Way City: Sebastian FL Zip: 32958

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 Susan E. Cressionnie
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LOSYK, ROBERT	NAME	
STREET ADDRESS	10396 SW 17TH DR	STREET ADDRESS	2422 Retriever Lane
CITY-ST-ZIP	DAVIE, FL	CITY-ST-ZIP	Greensboro,NC 27455-2691
TITLE	VS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LOSYK, LOIS	NAME	
STREET ADDRESS	10396 SW 17TH DR	STREET ADDRESS	2422 Retriever Lane
CITY-ST-ZIP	DAVIE, FL	CITY-ST-ZIP	Greensboro, NC 27455-2691
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lois Losyk — Lois Losyk — 3/20/06 — 336 288-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #