


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 022 ****61.25

DOCUMENT # N00000006069

1. Entity Name
ASSESSMENT & TRAINING SERVICES, INCORPORATED



Principal Place of Business
**915 MIDDLE RIVER DR, SUITE 204
 FT LAUDERDALE, FL 33304**

Mailing Address
**915 MIDDLE RIVER DR, SUITE 204
 FT LAUDERDALE, FL 33304**

40100373



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07182006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-1083672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BESNER, HILDA 915 MIDDLE RIVER DR, SUITE 204 FT LAUDERDALE, FL 33304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIMMEL, JOEL			NAME	John Mitchell, John		
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS	915 Middle River Dr #204		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP	Ft Lauderdale, FL 33304		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESNER, HILDA			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, ELIZABETH			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, ROBERT			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, DAVID			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE #204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Elizabeth Blake Elizabeth Blake, Director 7/18/06 954 566-0388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #