


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N00000006069 1. Entity Name ASSESSMENT & TRAINING SERVICES, INCORPORATED	
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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
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04092007 No 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

BESNER, HILDA
915 MIDDLE RIVER DR, SUITE 204
FT LAUDERDALE, FL 33304

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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 May 1, 2007

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

UN0000701547
04/20/07-80062-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEL, JOEL 915 MIDDLE RIVER DRIVE # 204 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESNER, HILDA 915 MIDDLE RIVER DRIVE # 204 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, ELIZABETH 915 MIDDLE RIVER DRIVE # 204 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT 915 MIDDLE RIVER DRIVE # 204 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DAVID 915 MIDDLE RIVER DRIVE #204 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN 915 MIDDLE RIVER DR. #204 FORT LAUDERDALE, FL 33304

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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, Treasurer Elizabeth Blake 4/9/07 954 566-0318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #