

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006241

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL TRAINING ASSOCIATION CORPORATION

**Current Principal Place of Business:**

321 NORTHLAKE BLVD  
102  
NORTH PALM BEACH, FL 334085410 US

**New Principal Place of Business:**

**Current Mailing Address:**

8568 NW 28TH COURT  
CORAL SPRINGS, FL 330655319 US

**New Mailing Address:**

**FEI Number:** 65-1053847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLICK, MITCHELL  
8568 NW 28TH COURT  
CORAL SPRINGS, FL 330655319 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLICK, MITCHELL  
Address: 8568 NW 28TH CT.  
City-St-Zip: CORAL SPRINGS, FL 330655319 US

Title: SD ( ) Delete  
Name: WALLICK, AIMEE  
Address: 8568 NW 28TH CT.  
City-St-Zip: CORAL SPRINGS, FL 330655319 US

Title: D ( ) Delete  
Name: WALLICK, SARENE  
Address: 8568 NW 28TH COURT  
City-St-Zip: CORAL SPRINGS, FL 330655319 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL E WALLICK

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date