


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90006 032 \*\*\*\*61.25

<b>DOCUMENT # N02000002201</b>		
1. Entity Name URBAN TRAINING NETWORK, INC.		

Principal Place of Business 390 NE 88TH STREET MIAMI, FL 33138	Mailing Address P.O. BOX 530541 MIAMI, FL 33153
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20006686



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

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number 03-0416196	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARROYO, NANCY M C/O SOLMS & ASSOCIATES, P.A. 9100 S. DADELAND BLVD., SUITE 1602 MIAMI, FL 33156	

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 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	
TITLE	P <input type="checkbox"/> Delete
NAME	CARRINGTON, PATRICK
STREET ADDRESS	390 NE 88TH STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D <input type="checkbox"/> Delete
NAME	EDGAR, ARTHUR JR.
STREET ADDRESS	1974 SW 94TH TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D <input type="checkbox"/> Delete
NAME	HORNSBY, RICHARD
STREET ADDRESS	3991 EAST RIDGEVIEW
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	D <input type="checkbox"/> Delete
NAME	LOVELOCK, CHARLES
STREET ADDRESS	15746 SW 20TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	MASON, MARION
STREET ADDRESS	9454 SW 146TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D <input type="checkbox"/> Delete
NAME	PUGA, EUNICE
STREET ADDRESS	4030 S.W. 107 CT
CITY-ST-ZIP	MIAMI, FL 33165

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebekah Kaettercherry
STREET ADDRESS	841 N.W. 85 Terr. #2020
CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petre-Ann Williams
STREET ADDRESS	1380 S.W. 105 Ave.
CITY-ST-ZIP	Pembroke Pines, FL 33023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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