

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009788

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: GLOBAL INSURANCE TRAINING INSTITUTE, INC.

## Current Principal Place of Business:

210 S PINELLAS AVE  
270  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

210 S PINELLAS AVE  
270  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3635419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALEM, ALBERT M JR.  
4600 W. KENNEDY BOULEVARD  
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHUSTER, THERESE  
Address: 1221 KINGSWAY LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD ( ) Delete  
Name: GRUBB, WILLIAM T  
Address: 807 ESSEX ROAD  
City-St-Zip: WILMINGTON, DE 19807

Title: VD ( ) Delete  
Name: DAVIS, RONALD A  
Address: 729 NOTTINGHAM RD.  
City-St-Zip: WILMINGTON, DE 19805

## 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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE SCHUSTER

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date