

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000026484

FILED
Mar 22, 2006
Secretary of State

Entity Name: PROGRESSIVE TRAINING CENTERS, INC.

Current Principal Place of Business:

164 N POWERLINE RD
POMPAN0 BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

164 N. POWERLINE RD
POMPAN0 BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-1085049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, YVONNE
8560 SW 20TH CT
DAVIE, FL 33324 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: SILVA, YVONNE
Address: 8560 SW 20TH CT
City-St-Zip: DAVIE, FL 33324

Title: V () Delete
Name: SILVA, SERGIO
Address: 8560 SW 20TH CT
City-St-Zip: DAVIE, FL 33324

Title: CEO () Delete
Name: SHER, VICTOR
Address: 7710 BANYAN TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: SILVA, SERGIO EXEC VP
Address: 8560 SW 20TH CT
City-St-Zip: DAVIE, FL 33324

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

Title: V () Change (X) Addition
Name: SHER, ALEX M MARKET
Address: 7710 BANYAN TERRACE
City-St-Zip: TAMARAC, FL 33321

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE SILVA

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date