2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2005
Secretary of State

DOCUMENT# P01000026995

Entity Name: SPECTRUM TRAINING ASSOCIATES, INCORPORATED

Current Principal Place of Business:

6396 BELGAND DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

11901 SW 133RD TERRACE
MIAMI, FL 33186

Current Mailing Address:

P.O. BOX 222
TALLAHASSEE, FL 32302

New Mailing Address:

11901 SW 33RD TERRACE
MIAMI, FL 33186

FEI Number: 32-0018635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, CHERYL
6396 BELGRAND DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ANDERSON, CHERYL
11901 SW 133RD TERRACE
MIAMI, FL 33186 US

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: CHERYL ANDERSON 09/22/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COD ( ) Delete
Name: BAILEY, KELLEY
Address: 749 SILVERMAPLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: COD ( ) Delete
Name: ANDERSON, CHERYL
Address: P.O. BOX 222
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: COD (X) Change ( ) Addition
Name: ANDERSON, CHERYL
Address: 11901 SW 133RD TERRACE
City-St-Zip: MIAMI, FL 33186

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: CHERYL ANDERSON COD 09/22/2005
Electronic Signature of Signing Officer or Director Date