2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047396

Address:

2966 POST ROCK CT

City-St-Zip: TARPON SPRINGS, FL 346887309

ICLO TRAINING & ACCOCIATED INC

FILED Feb 02, 2004 Secretary of State

Entity Na	me: K-LOTR	AINING & ASSOCIATES, II	NC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	T ROCK CT SPRINGS, FL	346887309			
Current Mailing Address:			New Mailing Address	:	
	T ROCK CT SPRINGS, FL	346887309			
FEI Number	: 59-3720866	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent	: Name and Address of	Name and Address of New Registered Agent:	
3444 E LA), ROBERT F .KE RD STE 4 RBOR, FL 346				
	e named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LO, JAMES 2966 POST RO) Delete DCK CT INGS, FL 34688	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (LO, KAREN) Delete	Title: Name:	() Change () Addition	

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: KAREN LO D 02/02/2004