2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

14011199	DOCUMENT # P0100056806 1. Entity Name THE TRAINING SYSTEMS, INC.						04-28-2004 90238 002 ***158.75				
1225 SE 41H TERRACE CHEFLAND, FL 32644 2. Principal Place of Business Suite, Apt. V. etc. Suite, Apt. V. etc. Suite, Apt. V. etc. City & State Clay	Principal Place of Business		Mailing Address			140°	11199				
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E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the celli	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Chg-P	CR2E	034 (10/03)			
SORDON, MICHAEL D 706 SW STH STREET TRENTON, FL 32693 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 obligators of registered agent. Signature: FILE NOWIII FEE' IS \$150,00 After May 1, 2004 Fee will be \$550,00 After May 1, 2004 Fee will be \$550,00 TILE NAME GORDON, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) Signature required expent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with accept the familiar with and acc	City & State		City & State								
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Street Address (P.O. Box Number is Not Acceptable) City	CORROLL MIGHT IS				Name						
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 SIGNATURE	706 SW 5TH STREET				Street Address (P.O. Box Number is Not Acceptable)						
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I hereby certify that the information supplied with this filling does not qualify 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 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 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

352-490-8020

Daytime Phone #