


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

| | | |
|---|-----------------------------|---|
| DOCUMENT # P01000056806 | |  |
| 1. Entity Name THE TRAINING SYSTEMS, INC. | | |
| Principal Place of Business 1225 SE 4TH TERRACE CHIEFLAND, FL 32626 | | Mailing Address PO BOX 39 CHIEFLAND, FL 32644 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent GORDON, MICHAEL D 706 SW 5TH STREET TRENTON, FL 32693 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | |
| NAME | GORDON, MICHAEL D | |
| STREET ADDRESS | 706 SW 5TH ST | |
| CITY-STATE-ZIP | TRENTON, FL 32693 | |
| TITLE | VP | |
| NAME | LECHNER, GERHARD | |
| STREET ADDRESS | 51375 LEVARKUSEN | |
| CITY-STATE-ZIP | AURDEM FORST 18, W GERMANY, | |
| TITLE | SC | |
| NAME | THEISSEN, PETER | |
| STREET ADDRESS | 42781 HAAS | |
| CITY-STATE-ZIP | MILHDMOTRABE 8 W GERMANY, | |
| TITLE | T | |
| NAME | GORDON, JAIME | |
| STREET ADDRESS | 706 SW 5TH ST | |
| CITY-STATE-ZIP | TRENTON, FL 32693 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michael D. Gordon President 27 Feb 06 352 490-8020</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



02232006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3727795 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

1100000452408
03/11/06-80025-016 150.00