2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071083

Entity Name: CLC TECHNICAL TRAINING, INC

9735 SHARING CROSS COURT

JACKSONVILLE, FL 32257

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

| Entity Na | me: CLC IEC | CHNICAL TRAINING, INC. | | | |
|--|--|----------------------------------|--|---|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 4720 SALISBURY ROAD STE 14 JACKSONVILLE, FL 32256 | | | | 3668 WINDMOOR DRIVE JACKSONVILLE, FL 32217 | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 4720 SALISBURY ROAD STE 14 JACKSONVILLE, FL 32256 | | | PO BOX 23430 JACKSONVILLE, FL 32241 | | |
| FEI Number | : 59-3730221 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 4720 SÁLI | HARLES E SBURY ROAD IVILLE, FL 32: | | AKERS, CHARLES E PO BOX 23430 JACKSONVILLE, FL 3 | | |
| The above in the State | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | 04/30/2004 | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | AKERS, CHAR | CROSS COURT | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AKERS, LOUIS | CROSS COURT | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | D (AKERS, CHAR |) Delete LES E II | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES E. AKERS PRES 04/30/2004