


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2005-90218-001-\$300.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 12 AM 10:52

DOCUMENT # P01000082946					
1. Entity Name EDUCATIONAL & LEADERSHIP TRAINING, INC.					
Principal Place of Business 334 VENTURA AVE ORLANDO, FL 32805			Mailing Address 334 VENTURA AVE ORLANDO, FL 32805		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3740461	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALTERS, CLARA L 334 VENTURA AVE ORLANDO, FL 32805				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, CLARA L 334 VENTURA AVE ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, VICTOR E JR 334 VENTURA AVE ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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: <i>Clara L. Walters</i>			Date: <i>Oct. 8, 2005</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

PD30000654322

PD1000082916

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please review this request for a waiver of late fees for the attached annual reports.

Our Tax Accountant had always filed our reports as a part of his service, and we thought they were done prior to his unexpected illness and subsequent death. The business was immediately closed, and we didn't get access to our files to know that the report wasn't done until August.

Alphons O. Anyanwu
UCR and Associates
6500 Forest City Road
Orlando, FL 32810

Thank you for your consideration of this hardship.

Victor & Clara Walters

P.S. Walters Construction Enterprises, Inc, FEI# 55-0832392