

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089327

FILED
Feb 07, 2005
Secretary of State

Entity Name: ADLERIAN TRAINING INSTITUTE, INC.

Current Principal Place of Business:

8634 SW GRAND RESERVES BLVD.
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

864 SW GRAND RESERVES BLVD.
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

PO BOX 881581
PORT SAINT LUCIE, FL 34988

New Mailing Address:

FEI Number: 65-1138977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLL, WILLIAM G PH.D
864 SW GRAND RESERVES BLVD.
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICOLL, WILLIAM G
Address: 864 SW GRAND RESERVES BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D () Delete
Name: CHRISTENSEN, OSCAR C
Address: 7002 SOYALVRA PL
City-St-Zip: TUCSON, AZ 85712

Title: D () Delete
Name: BITTER, JAMES R
Address: 9 SOUTH FOXXBOROUGH LANE
City-St-Zip: JOHNSON CITY, TN 37614

Title: D () Delete
Name: HOWES, CLAIR
Address: 2419 BELLEVUE #113
City-St-Zip: W VANCOUVER, BC, CA V7V4T4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: NICOLL, WILLIAM G PH.D.
Address: 864 SW GRAND RESERVES BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: WILLIAM G. NICOLL

DR

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date