## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000006614

FILED Jan 10, 2005 Secretary of State

Entity Nan	ne: DIVERSIF	TED TECHNICAL TRAINING	CONSUL	TANTS, INC	·		
Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 2 ROYAL PA	211436 LLM BEACH, FI	_ 33421					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 2 ROYAL PA	211436 LM BEACH, FI	_ 33421					
FEI Number:	04-3595626	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Statu	s Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
5033 OKEE	, NICHOLETTE ECHOBEE BLV LM BEACH, FL	/D					
	named entity s of Florida.	ubmits this statement for the	purpose o	f changing i	ts registered o	office or registered	agent, or both,
SIGNATUF	RE:						
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TREANOR, NICH P.O. BOX 21143			Title: Name: Address: City-St-Zip:	TREANOR, NIC P.O. BOX 211		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	PRES ( TREANOR, JO PO BOX 2114 ROYAL PALM		

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: NICHOLETTE P TREANOR VΡ 01/10/2005