2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000006614

Entity Name: DIVERSIFIED TECHNICAL TRAINING CONSULTANTS, INC.

FILED Apr 16, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 211436 1730 SHORESIDE CIRCLE

WELLINGTON, FL 33414 ROYAL PALM BEACH, FL 33421

Current Mailing Address: New Mailing Address:

P.O. BOX 211436 1730 SHORESIDE CIRCLE

ROYAL PALM BEACH, FL 33421 WELLINGTON, FL 33414

FEI Number: 04-3595626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TREANOR, NICHOLETTE P TREANOR, NICHOLETTE P 1730 SHORESIDE CIRCLE 5033 OKEÉCHOBEE BLVD. WELLINGTON, FL 33414 WEST PALM BEACH, FL 33417.

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: NICHOLETTE P TREANOR 04/16/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: TREANOR, NICHOLETTE P Name:

Address:

P.O. BOX 211436 City-St-Zip: ROYAL PALM BEACH, FL 33421 Title: () Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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.

VΡ SIGNATURE: NICHOLETTE P TREANOR 04/16/2003