2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P02000013340 02-20-2006 90029 044 ***150.00 1. Entity Name DEVELOPMENTAL SERVICE TRAINERS, INC. Principal Place of Business Mailing Address PO BOX 6662 5861 WHY 441 OCALA, FL 34475 OCALA, FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. 02072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-0600570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYNE, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 3851 2322 PLACE OCALA, FL 34471 City Zip Code 8. The above named entity submits this statement the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept typed or printed name of registered agent and title if applicable. Signature (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. "After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change BOYNE, VICTORIA NAME NAME 2119 SE FT KING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KOLLER, DAVID NAME STREET ADDRESS 4922 SE 40TH TERR STREET ADDRESS CITY-ST-ZIF OCALA, FL 34480 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 reserver or trustee empowered to execute the peport 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 projected.

FILED Feb 20, 2006 8:00 am

Daytime Phone #