


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000019721</b> 1. Entity Name <b>AMERICAN INSTITUTE OF MOTORCYCLE SAFETY &amp; TRAINING, INC.</b>	
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Principal Place of Business <b>4327 S HWY 27 STE 123 CLERMONT, FL 34711</b>	Mailing Address <b>4327 S HWY 27 STE 123 CLERMONT, FL 34711</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>04-3611265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BARDEN, VICKEY 1641 S KIRKMAN RD #194 ORLANDO, FL 32811</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDC TORRES, PETER A 4327 S HWY 27 STE 123 CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD TORRES, JUDITH A 4327 S HWY 27 STE 123 CLERMONT, FL 34711</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>000000236610 02/21/05-80026-004 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> <u><i>Peter A Torres</i></u> - PDC <b>2/17/05</b> <b>407</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>
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