

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90043 046 ***150.00

DOCUMENT # P03000026796 1. Entity Name PROMOTION TEST TRAINING, INC.					
Principal Place of Business 1601 N GOLDENROD ROAD ORLANDO, FL 32807			Mailing Address 1601 N GOLDENROD ROAD ORLANDO, FL 32807		
2. Principal Place of Business <i>13538 Lake Mary Jane Rd.</i>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Orlando FL</i>		City & State		4. FEI Number 03-0510935	
Zip <i>32832</i>		Country <i>ORANGE</i>		Applied For Not Applicable	
Zip <i>32832</i>		Country <i>ORANGE</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURROUGHS, WAYNE A 1601 N GOLDENROD ROAD ORLANDO, FL 32807				7. Name and Address of New Registered Agent Name <i>Wayne A. Burroughs</i> Street Address (P.O. Box Number is Not Acceptable) <i>13538 Lake Mary Jane Road</i> City <i>Orlando</i> <i>FL</i> <i>32832</i>	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, WAYNE A 1601 N GOLDENROD ROAD ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>13538 Lake Mary Jane Rd.</i> <i>Orlando, FL 32832</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <i>Wayne A. Burroughs (Wayne A. Burroughs)</i> 3-15-05 (407) 380-5887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					