

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064600

FILED
Apr 03, 2005
Secretary of State

Entity Name: THE TRAINING SPACE, INC.

Current Principal Place of Business:

200 KNUTH ROAD
SUITE 228
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

5241 BRISATA CIRCLE
F
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

200 KNUTH ROAD
SUITE 228
BOYNTON BEACH, FL 33436 US

New Mailing Address:

5241 BRISATA CIRCLE
F
BOYNTON BEACH, FL 33437 US

FEI Number: 14-1886775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLAKESLEE, SPENCER PH.D.
Address: 5241 BRISATA CIRCLE, APT F
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: BLAKESLEE, SPENCER PH.D.
Address: 5241 BRISATA CIRCLE, APT F
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: DR. () Change (X) Addition
Name: BLAKESLEE, SPENCER PHD
Address: 5241 BRISATA CIRCLE, APT F
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: SPENCER BLAKESLEE, PH.D.

DR

04/03/2005

Electronic Signature of Signing Officer or Director

_____ Date