2008 FOR PROFIT CORPORATION

FILED Jan 10, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P04000012362 CERTIFIED ADVANCED TRAINING, INC. Principal Place of Business Mailing Address 9901 FAIRWAY CIR 9901 FAIRWAY CIR LEESBURG, FL 34788 LEESBURG, FL 34788 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0559531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAHER, ROBERT J DO NOT WRITE 9901 FAIRWAY CIR LEESBURG, FL 34788 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MAHER, ROBERT J STREET ADDRESS 9901 FAIRWAY CIR LEESBURG, FL 34788 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE: CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of tipe 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 of the receive or truster employwered to execute withis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attagment of the receive or truster employees. With all high like empowered.

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRE