

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022974

FILED
Feb 24, 2006
Secretary of State

Entity Name: ANALYSIS, DESIGN & INTERACTIVE CUSTOM TRAINING, INC.

Current Principal Place of Business:

562 TOMAHAWK COURT
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

409 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

562 TOMAHAWK COURT
PALM BEACH GARDENS, FL 33410

New Mailing Address:

409 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408 US

FEI Number: 20-0624925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, DAVID B
562 TOMAHAWK COURT
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ANDERSON, DAVID B
409 WESTWIND DRIVE
NORTH PALM BEACH, FL 33408 US

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:

02/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, DAVID B
Address: 562 TOMAHAWK COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: ANDERSON, DOREEN M
Address: 562 TOMAHAWK COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, DAVID B
Address: 409 WESTWIND DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: D (X) Change () Addition
Name: ANDERSON, DOREEN M
Address: 409 WESTWIND DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DOREEN M ANDERSON

D

02/24/2006

Electronic Signature of Signing Officer or Director

Date