
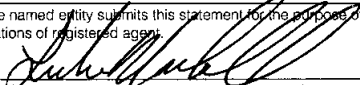



DOCUMENT # P04000111880			
1. Entity Name ULTIMATE TRAINING SYSTEMS, INC.			
Principal Place of Business 1272 BURTWOOD DRIVE FT. MYERS, FL 33901 US		Mailing Address 1272 BURTWOOD DRIVE FT. MYERS, FL 33901 US	
2. Principal Place of Business - No P.O. Box # 1306 Burtwood Dr.		3. Mailing Address 1306 Burtwood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33901		Country U.S.A.	
4. FEI Number 20-1428866		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, LUKE 1272 BURTWOOD DRIVE FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1306 Burtwood Dr. City Ft. Myers FL Zip Code 33901	
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 		DATE 4/3/07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	PVST MARSHALL, LUKE 1272 BURTWOOD DRIVE FT. MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1306 Burtwood Dr. Ft. Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PFT BOSCARINO, LARA F 1272 BURTWOOD DRIVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1306 Burtwood Dr. Ft. Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Lara Boscarino 4/3/07 239-645-4280	

★ Please be advised, I always file online every year, and this year experienced lots of difficulty, received error messages, was slow and unsuccessful. I tried for days. I called the number on your homepage for help, and they told me due to heavy volume, many people were experiencing difficulty, and to just download the form and mail it with \$150.00 and the ^{late} fee will be waived.

Thank-you,
Lara