2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124281

Entity Name: DUVAL TRAINING INSTITUTE CORP.

FILED Jun 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

761 UNIVERSITY BOULEVARD 761 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32211

JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

761 UNIVERSITY BOULEVARD 761 UNIVERSITY BOULEVARD NORTH

JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211

FEI Number: 13-4253377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSAHON, BASIL W MR OSAHON, BASIL W MR. 1944 HOVINGTON CIRCLE WEST 13694 FISH EGALE DR. WEST JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32211

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: BASIL W OSAHON 06/08/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

BASIL, OSAHON W BASIL, OSAHON W Name: Name: 1944 HOVINGTON CIRCLE EAST 13694 FISH EGALE DR . WEST Address: Address:

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32226

VΡ Title: VΡ Title: () Delete (X) Change () Addition ISI, OSAHON Name: ISI, OSAHON Name:

1944 HOVINGTON CIRCLE EAST 13694 FISH EGALE DR. WEST Address: Address: JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

OSAHON, EBEHI OSAHON, EBEHI Name: Name:

1944 HOVINGTON CIRCLE EAST Address: 13694 FISH EGALE DR. WEST Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32226

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.

Ρ SIGNATURE: BASIL W OSAHON 06/08/2006