

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90151 022 \*\*\*150.00

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03302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000160673</b> 1. Entity Name PRIMARY TRAINING SOLUTIONS, INC.			
Principal Place of Business 1210 MILLENNIUM PARKWAY SUITE 1012 VALRICO, FL 33594 US		Mailing Address 2807 NORWOOD HILLS LANE VALRICO, FL 33594 US	
2. Principal Place of Business <i>1448 OAKFIELD DR</i> Suite, Apt. #, etc.		3. Mailing Address <i>1448 OAKFIELD DR</i> Suite, Apt. #, etc.	
City & State <i>BRANDON, FL</i> Zip <i>33511</i> Country		City & State <i>BRANDON, FL</i> Zip <i>33511</i> Country	
4. FEI Number 20-1934842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BREWER, ELIZABETH A 2807 NORWOOD HILLS LANE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, ELIZABETH A 2807 NORWOOD HILLS LANE VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Elizabeth A Brewer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-17-06</i> Daytime Phone # <i>813 2996746</i>	