


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90067 004 \*\*\*158.75

<b>DOCUMENT # P05000053273</b> 1. Entity Name <b>MOBILE TRAINING SERVICES, INC.</b>					
Principal Place of Business <b>11250 SUNSHINE GROVE RD. BROOKSVILLE, FL 34614</b>			Mailing Address <b>5143 COMMERCIAL WAY SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box # <b>8381 WEEPING WILLOW ST.</b>		3. Mailing Address <b>8381 WEEPING WILLOW ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>BROOKSVILLE, FL</b>		City & State <b>BROOKSVILLE, FL</b>		4. FEI Number <b>20-2688859</b>	
Zip <b>34613</b>		Country 		Applied For Not Applicable	
Zip <b>34613</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPEARS, GREGORY J 11250 SUNSHINE GROVE RD BROOKSVILLE, FL 34614</b>				7. Name and Address of New Registered Agent Name <b>SPEARS, GREGORY R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8381 WEEPING WILLOW ST.</b> City <b>BROOKSVILLE</b> <b>FL</b> Zip Code <b>34613</b>	
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: <i>Gregory James Spears</i> DATE: <b>2-9-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DPST SPEARS, GREGORY J 11250 SUNSHINE GROVE RD. BROOKSVILLE, FL 34614	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <i>Gregory James Spears</i>		GREGORY J. SPEARS <b>2-9-07</b> <small>Signature and typed or printed name of signing officer or director. Date Daytime Phone #</small>			