


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 048 ***150.00

DOCUMENT # P05000070609 1. Entity Name PROFITMAX COUNTER TRAINING, INC.					
Principal Place of Business 1800 PEMBROOK DRIVE SUITE 240 ORLANDO, FL 32810 US			Mailing Address 1800 PEMBROOK DRIVE SUITE 240 ORLANDO, FL 32810 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
06232006		Chg-P		CR2E034 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTERS, CHAD A 174 WEST COMSTOCK AVENUE SUITE 113 WINTER PARK, FL 32780			Name WHWW, Inc. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave., Suite 1500 City Orlando FL Zip Code 32801		
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 <u>By: <i>Debbie Fricke</i> VP</u> <u><i>Debbie Fricke, Vice President</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D,P SUTTER, EDWARD T 2108 PIONEER PARKWAY WEST, SUITE 113 ARLINGTON, TX 76013	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP SUTTER, HANFORD A 1800 PEMBROOK DRIVE, SUITE 240 ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T SUTTER, HANFORD A 1800 PEMBROOK DRIVE, SUITE 240 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Sutter, Hanford A. 1800 Pembroke Drive, Suite 240 Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ted Jaeger 1800 Pembroke Drive, Suite 240 Orlando, FL 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Norine Sutter 1800 Pembroke Drive, Suite 240 Orlando, FL 32810	<input type="checkbox"/> Change <input checked="" 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: <u><i>Hanford A. Sutter</i></u> Hanford A. Sutter <u>7/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40099053



ATTACHMENT

40099053

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

DHL
VIA ~~FEDERAL~~ EXPRESS

Re: PROFITMAX COUNTER TRAINING, INC.
DOCUMENT # P05000070609

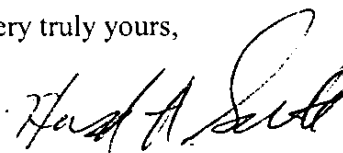
To Whom It May Concern:

Enclosed for filing please find the 2006 Annual Report for PROFITMAX COUNTER TRAINING, INC. along with my check payable to the Florida Department of State in the amount of \$150.00 to cover the cost of filing same.

Please note that I did not receive the reminder notification for the annual filing of this entity. Therefore, I request that you please waive any and all penalties for filing same.

Thank you.

Very truly yours,



Hanford A. Sutter

Enclosures