2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P05000091972 1. Entity Name R.N.I. TRAINING, INC.								04-26-2006 90)219 009 *	***150.0	00
Principal Place of Business P.O. BOX 1023 GULF BREEZE, FL 32562				Mailing Address P.O. BOX 1023 GULF BREEZE, FL 32562				4844 8111 8211 8211 8211	. sens (#18) (18)8	tam isēlā ilši	PS 1 (1 (PS 1
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03112006	Chg-P	CR2E034	l (11/05)	
City & State				City & State		4. FEI Numbe	-32009	592		piled For Applicable	
Zip	Country			Zip	try		of Status Desired		8.75 Add se Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SUTTON, JASON 3363 SILKWOOD LANE PACE, FL 32571						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its register									<u>FL</u>		
The above the obligat	named entitions of regis	ly submits this staten tered agent.	nent for the	purpose of changing its	register	ed office or regist	tered agent, or bo	th, in the State of Flo	rida. I am fa	niliar with,	and accept
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SIGNATURE_	Signature, typed	or printed name of registere	d agent and titl	e if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		
		FEE IS \$150.0 6 Fee will be \$		9. Election Campa Trust Fund Con			5.00 May Be				- '
10.		OFFICERS	AND DIRE	ECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND D	DIRECTORS	S IN 11
TITLE	Р			☐ Delete	TITL					Change	Addition
NAME SUTTON, JASON					E						
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NAME STREET ADDRESS					NAA STR	ME EET ADDRESS					
CITY-ST-ZIP					4	Y-ST-ZIP					
	certify that the	ne information suppli	ed with this	s filing does not qualify t	for the ex	remptions contain	ned in Chapter 11	9, Florida Statutes. I	further certif	y that the i	nformation
indicated of the co changed	d on this reportion or d, or on an at	ort or supplemental r the receiver or truste tachment with an ad-	eport is trui e empowei dress, with	e and accurate and that red to execute this repor- all other life empty vered	my signa t as requ d.	ature shall have the ired by Chapter (ne same legal effe 607, Florida Statut	ct as if made under ones; and that my nam	oath; that I ar le appears in	n an officer Block 10 o	r Block 11 if