

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113765

FILED
Jan 06, 2007
Secretary of State

Entity Name: DAVIS TRAINING SYSTEMS INCORPORATED

Current Principal Place of Business:

103 VISTA VERDI CIRCLE #117
LAKE MARY, FL 32746

New Principal Place of Business:

103 VISTA VERDI CIRCLE
117
LAKE MARY, FL 32746

Current Mailing Address:

103 VISTA VERDI CIRCLE #117
LAKE MARY, FL 32746

New Mailing Address:

103 VISTA VERDI CIRCLE
117
LAKE MARY, FL 32746

FEI Number: 25-1926051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOPOROWSKY, OLIVIA
103 VISTA VERDI CIRCLE #117
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

TOPOROWSKY, OLIVIA
103 VISTA VERDI CIRCLE
117
LAKE MARY, FL 32746 US

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: OLIVIA TOPOROWSKY

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOPOROWSKY, OLIVIA
Address: 103 VISTA VERDI CIRCLE #117
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: OLIVIA TOPOROWSKY

D

01/06/2007

Electronic Signature of Signing Officer or Director

Date