


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90020 026 \*\*\*158.75

<b>DOCUMENT # P05000140796</b>	
1. Entity Name STEP 2 TRAINING SYSTEMS INC.	

Principal Place of Business 9048 WHIMBREL WATCH LANE., STE. 201 NAPLES, FL 34109	Mailing Address 9048 WHIMBREL WATCH LANE., STE. 201 NAPLES, FL 34109
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10000100



07062006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1410418	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOGIAS, CHARLES S. 9048 WHIMBREL WATCH LANE., STE. 201 NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Charles S. Tognias 7/6/06 315-727-1011  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 40098425  
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P05000140796
Business Entity Name	STEP 2 TRAINING SYSTEMS INC.
Original File Date	10/17/2005

FEI Number

Principal Address 9048 WHIMBREL WATCH LANE., STE. 201  
NAPLES, FL 34109

Mailing Address 9048 WHIMBREL WATCH LANE., STE. 201  
NAPLES, FL 34109

Registered Agent CHARLES S. TOGIAS  
9048 WHIMBREL WATCH LANE., STE. 201  
NAPLES, FL 34109

Officer/Director Name And Address

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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