


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90405 020 ***150.00

DOCUMENT # P05000144513			
1. Entity Name PROFESSIONAL MEDICAL TRAINING INC.			
Principal Place of Business 13793 40TH LANE N. ROYAL PALM BEACH, FL 33411		Mailing Address 13793 40TH LANE N. ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 4534 DANSON WAY Suite, Apt. #, etc.		3. Mailing Address 4534 DANSON WAY Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33445	Country Palm Beach	Zip 33445	Country Palm Beach
4. FEI Number 57-1224973		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 MOEWS, STEVE 13793 40TH LANE N. ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name: Andrew Close Street Address (P.O. Box Number is Not Acceptable) 4534 DANSON WAY City: Delray Beach FL Zip Code: 33445	
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: Andrew Close DATE: 4-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 MOEWS, STEVE 13793 40TH LANE N. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Moews 1142 SE 3rd Ter Deer Field Beach FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MICHAEL 6522 SPRING MEADOW DR. GREENACRES, FL 33413 <input checked="" 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrew Close 4534 DANSON WAY Delray Beach FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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.

 S Moews