2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005425

Entity Name: SPECIAL TRAINING SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1405 CORONA LANE 6624 RIVERMILL CLUB DRIVE VERO BEACH, FL 32963 US LAKE WORTH, FL 33463 US

Current Mailing Address: New Mailing Address:

1405 CORONA LANE
VERO BEACH, FL 32963 US
6624 RIVERMILL CLUB DRIVE
LAKE WORTH, FL 33463 US

FEI Number: 20-4126042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL, CLIFFORD D P

1405 CORONA LANE.

VERO BEACH, FL 32963 US

MITCHELL, CLIFFORD D P

6624 RIVERMILL CLUB DRIVE

LAKE WORTH, FL 33463 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 CLIFFORD, MITCHELL D P

 Address:
 1405 CORONA LANE

 City-St-Zip:
 VERO BEACH, FL 32963 US

 Title:
 VP
 () Delete

 Name:
 MARCIA, MITCHELL L VP

 Address:
 1405 CORONA LANE

 City-St-Zip:
 VERO BEACH, FL 32963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLIFFORD, MITCHELL D P
Address: 6624 RIVERMILL CLUB DRIVE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP (X) Change () Addition

Name: MARCIA, MITCHELL L VP
Address: 6624 RIVERMILL CLUB DRIVE
City-St-Zip: LAKE WORTH, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify 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: MARCIA MITCHELL VP 04/30/2008