

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90098 023 ***158.75

DOCUMENT # P06000032964 1. Entity Name AST APPLICATION SOFTWARE TRAINING, INC.			
Principal Place of Business 442 CHARLOTTE AVENUE S.E. PALM BAY, FL 32909		Mailing Address 442 CHARLOTTE AVENUE S.E. PALM BAY, FL 32909	
2. Principal Place of Business - No P.O. Box # 1126 S. Wickham Rd		3. Mailing Address PO Box 121057	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State W. Melbourne		City & State W. Melbourne FL	
Zip 32904		Zip 32912-1057	
Country Brevard		Country Brevard	
4. FEI Number 20-4455022		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01262007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FOWLER, BRINK & MOSES, P.A. 25 MCLEOD ST MERRITT ISLAND, FL 32953		7. Name and Address of New Registered Agent Name Kelly Durbin Street Address P.O. Box 1443 Alberni ST City Palm Bay FL Zip Code 32907	
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 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 VINCENT, MICHELLE L 442 CHARLOTTE AVENUE S.E. PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President E. CEO <input checked="" 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	Director of Training & VP Robert Vincent 442 Charlotte Ave S.E. Palm Bay FL 32909 <input checked="" 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
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:		1/29/07 321545348 <small>Date Daytime Phone #</small>	