

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000081194

**FILED**  
**Jul 23, 2008**  
**Secretary of State****Entity Name:** EMERGENCY TRAINING SOLUTIONS, INC.**Current Principal Place of Business:**4171 WEST HILLSBORO BLVD  
SUITE 12  
COCONUT CREEK, FL 33073**New Principal Place of Business:**21218 ST. ANDREWS BLVD  
SUITE 315  
BOCA RATON, FL 33433**Current Mailing Address:**4171 WEST HILLSBORO BLVD  
SUITE 12  
COCONUT CREEK, FL 33073**New Mailing Address:**21218 ST. ANDREWS BLVD  
SUITE 315  
BOCA RATON, FL 33433**FEI Number:** 20-5044506**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PALEY, RICHARD J MD  
Address: 6198 NW 23RD RD  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: BROCATO, CHAD  
Address: 6040 NW 96TH DRIVE  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: RICHARD PALEY, MD

VP

07/23/2008

Electronic Signature of Signing Officer or Director

Date