

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-31-2007 90001 018 ***150.00

DOCUMENT # P06000125118 1. Entity Name CUNNING CONSULTING AND TECHNICAL TRAINING, INC.					
Principal Place of Business 5166 FOXBRIDGE CIRCLE N.#20 CLEARWATER, FL 33760			Mailing Address 5166 FOXBRIDGE CIRCLE N.#20 CLEARWATER, FL 33760		
2. Principal Place of Business - No P.O. Box # 445 Mounment Road		3. Mailing Address 11576 Crossroads Place			
Suite, Apt. #, etc. Apt. 1105		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Concord, NC		4. FEI Number 20-1672858	
Zip 32225		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Req. med	
6. Name and Address of Current Registered Agent CUNNING, DEBORAH L 5166 FOXBRIDGE CIRCLE N.#20 CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 445 Mounment Road Apt. 1105 City Jacksonville FL Zip Code 32225			
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: <u><i>Deborah L. Cunning</i></u> DATE: <u>5/21/07</u> <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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNING, DEBORAH L 5166 FOXBRIDGE CIRCLE N.#20 CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Deborah L. Cunning</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/21/07</u>		Daytime Phone #: <u>727-403-5741</u>	