

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030256

FILED
Apr 07, 2009
Secretary of State

Entity Name: OT TRAINING SOLUTIONS, INC.

Current Principal Place of Business:

12633 CHALLENGER PARKWAY, STE 200
ORLANDO, FL 32826 US

New Principal Place of Business:

12633 CHALLENGER PARKWAY, STE 200
SUITE 200
ORLANDO, FL 32826 US

Current Mailing Address:

12633 CHALLENGER PARKWAY, STE 200
ORLANDO, FL 32826 US

New Mailing Address:

12633 CHALLENGER PARKWAY, STE 200
SUITE 200
ORLANDO, FL 32826 US

FEI Number: 26-2263948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: OWENS, MARION
Address: 335 NORTH CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: V D () Delete
Name: THORPE, KRISTOPHER
Address: 3011 FAYSON CIRCLE
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: OWENS, MARION
Address: 1199 PINE STREET APT 103
City-St-Zip: DAYTONA BEACH, FL 32119 US

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: KRISTOPHER J THORPE

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date