2005 FOR PROFIT CORPORATION ANNUAL REPORT

WANTE HALE

FILED Apr 30, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P93000016161 1. Entity Name TECHNICAL NETWORK OF TRAINING, INC.				Secretary of State
175 US HWY STE 111B	### Mailing Address 175 US HWY 1 175 US HWY #1 STE 111B EQUESTA, FL 33469 Mailing Address 175 US HWY #1 SUITE 111B TEQUESTA, FL 33469 US			
D	O NOT WRITE I		CE	04262005 No Chg-P CR2E034 (10/03) 4. FEI Number
NEWLANDS, BENJAMIN H III 421 EDMUND STREET JUPITER, FL 33458				DO NOT WRITE IN THIS SPACE
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 Signature. Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS			ncing \$5	5.00 May Be dded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP NEWLANDS, BENJAMIN H III 421 EDMUND STREET JUPITER, FL 33458	ECTORS .		- 000000347819 04/30/05-80132-014 150.00
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Forida 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 Sectiver or trustee empowered to execute this fepth 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.				