2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P94000007500

Entity Name: TRAINLAND, INC.

Current Principal Place of Business:

6623 WINDER OAKS BLVD
ORLANDO, FL 32819 US

New Principal Place of Business:

4728 WALDEN CIRCLE
1316
ORLANDO, FL 32811 US

Current Mailing Address:

8990-A INTERNATIONAL DRIVE
ORLANDO, FL 32819 US

New Mailing Address:

4728 WALDEN CIRCLE
1316
ORLANDO, FL 32811 US

FEI Number: 59-3222321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUSTER, BOB
6623 WINDER OAKS BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SCHUSTER, BOB
4728 WALDEN CIRCLE
1316
ORLANDO, FL 32811 US

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: 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHUSTER, BOB
Address: 6623 WINDER OAKS BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: S ( ) Delete
Name: KEATON, CHERILYNN
Address: 4478 WALDEN CIR APT 1316
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: GERSTENBERG, DONALD
Address: 2901 WILLOUGHBY RD
City-St-Zip: BALTIMORE, MD 21234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SCHUSTER, BOB
Address: 4728 WALDEN CIRCLE APT 1316
City-St-Zip: ORLANDO, FL 32811 US

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 for the exemption stated in Section 119.07(3)(i), 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: BOB A. SCHUSTER DP 04/29/2004
Electronic Signature of Signing Officer or Director — Date