2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P94000066230

Entity Name: PROFIT BUILDERS TRAINING CORPORATION

Current Principal Place of Business:

2300 PALM BEACH LAKE DR
SUITE 309
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2300 PALM BEACH LAKE BLVD
SUITE 309
WEST PALM BEACH, FL 33409

Current Mailing Address:

9195 SE COVE POINT ST
TEQUESTA, FL 334691381

New Mailing Address:

9185 SE COVE POINT ST
TEQUESTA, FL 334691381

FEI Number: 65-0523906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALINOWSKI, LAURA
9195 SE COVE POINT ST
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

MALINOWSKI, LAURA
9185 SE COVE POINT ST
TEQUESTA, FL 33469 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: 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MALINOWSKI, KENT
Address: 9195 SE COVE POINT ST
City-St-Zip: TEQUESTA, FL 33469

Title: VM ( ) Delete
Name: MALINOWSKI, LAURA
Address: 9195 SE COVE POINT ST
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MALINOWSKI, KENT
Address: 9185 SE COVE POINT ST
City-St-Zip: TEQUESTA, FL 33469

Title: VM (X) Change ( ) Addition
Name: MALINOWSKI, LAURA
Address: 9185 SE COVE POINT ST
City-St-Zip: TEQUESTA, FL 33469

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: KENT MALINOWSKI D 01/06/2004
Electronic Signature of Signing Officer or Director — Date