

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90294 035 ***158.75

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000089973 1. Entity Name KW COMPUTER TRAINING, INC.					
Principal Place of Business 333 DOUGLAS RD E OLDSMAR, FL 34677 US			Mailing Address P.O BOX 1793 OLDSMAR, FL 34677 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3288738	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WORKMAN, JAMES J 333 E. DOUGLAS RD. OLDSMAR, FL 34677			Name JEAN A. KENDRA Street Address (P.O. Box Number is Not Acceptable) 333 E DOUGLAS RD City OLDSMAR FL Zip Code 34677		
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>JEAN A. KENDRA</i></u> JEAN A. KENDRA Treasurer 4-3-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT G. KELBY		NAME		
STREET ADDRESS	214 HIGHLAND WOODS DR.		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES J. WORKMAN		NAME		
STREET ADDRESS	3020 ASHLAND TERR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN A. KENDRA		NAME		
STREET ADDRESS	3020 ASHLAND TERR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALEBRA, KELBY		NAME		
STREET ADDRESS	214 HIGHLANDWOODS DR.		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>JEAN A. KENDRA</i></u> JEAN A. KENDRA 4-3-06 813-433-5011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					