


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 021 ***150.00

DOCUMENT # P95000041055	
1. Entity Name COMMUNICATION TRAINING SYSTEMS, INC.	

Principal Place of Business 304 BEVERLY COURT MELBOURNE BEACH FL 32951-3543	Mailing Address 304 BEVERLY COURT MELBOURNE BEACH FL 32951-3543
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2. Principal Place of Business 459 MICHIGAN AVE. Suite, Apt. #, etc.	3. Mailing Address 459 MICHIGAN AVE Suite, Apt. #, etc.
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City & State INDIALANTIC FL	City & State INDIALANTIC FL
Zip 32903	Country BREVARD

4. FEI Number 59-3326868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DONOVAN, DEON P 304 BEVERLY COURT MELBOURNE BEACH FL 32951-3543	
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7. Name and Address of New Registered Agent Name DEON P. DONOVAN Street Address (P.O. Box Number is Not Acceptable) 459 MICHIGAN AVE City INDIALANTIC FL Zip Code 32903	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, PATRICK W 304 BEVERLY COURT MELBOURNE BEACH FL 32951-3543 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DONOVAN, DEON P 304 BEVERLY COURT MELBOURNE BEACH FL 32951-3543 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 459 MICHIGAN AVE INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 459 MICHIGAN AVE. INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **DEON DONOVAN** **3-24-04** **728 4364** **(321)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #