


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90452 027 \*\*\*150.00

<b>DOCUMENT # P95000048023</b> 1. Entity Name <b>ABC TRAINING CENTERS OF AMERICA, INC.</b>			
Principal Place of Business <b>3045 A1A STE 501 MELBOURNE BEACH, FL 32951</b>		Mailing Address <b>PO BOX 511028 MELBOURNE, FL 32951</b>	
2. Principal Place of Business <b>7275 ESTAPONA CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 300345</b> Suite, Apt. #, etc.	
City & State <b>FERN PARK, FL</b>		City & State <b>FERN PARK, FL</b>	
Zip <b>32730</b>		Zip <b>32730-0345</b>	
Country		Country	
4. FEI Number <b>59-3321206</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWMAN, GERALD W 3045 A1A STE 501 MELBOURNE BEACH, FL 32951</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7275 ESTAPONA CIR</b> City <b>FERN PARK</b> <b>FL</b> Zip Code <b>32730</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>NEWMAN, GERALD W 3045 A1A MELBOURNE, FL 32951</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7275 ESTAPONA CIR FERN PARK, FL 32730</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>NEWMAN, SUSAN L 3045 A1A MELBOURNE, FL 32951</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7275 ESTAPONA CIR FERN PARK, FL 32730</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>04/28/06</b> Daytime Phone # <b>840716737106</b>	