

## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000049360

Entity Name: PC TRAINING INSTITUTE INC.

FILED  
Apr 20, 2006  
Secretary of State

### Current Principal Place of Business:

4455 MEDICAL CENTER WAY  
SUITE 102  
WEST PALM BEACH, FL 33407

### Current Mailing Address:

4455 MEDICAL CENTER WAY  
SUITE 102  
WEST PALM BEACH, FL 33407

### New Principal Place of Business:

1750 NORTH FLORIDA MANGO ROAD  
SUITE 302  
WEST PALM BEACH, FL 33409

### New Mailing Address:

1750 NORTH FLORIDA MANGO ROAD  
SUITE 302  
WEST PALM BEACH, FL 33409

FEI Number: 65-0594251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

### Name and Address of Current Registered Agent:

HATCH, STEVEN  
4357 ONEGA CIRCLE  
WEST PALM BEACH, FL 33409 US

### Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HATCH, STEVEN D  
Address: 4357 ONEGA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: DON, MCCAIN  
Address: 901 MICK RD  
City-St-Zip: MOUNT VERNON, IL 62864

Title: VP ( ) Delete  
Name: HATCH, SHAUNA M VP  
Address: 4357 ONEGA CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: STEVE HATCH

P

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date