

**-2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90350 047 ***150.00

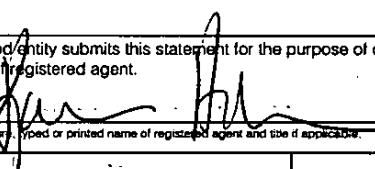
DOCUMENT # P98000006357		
1. Entity Name ALTERNATIVE TRAINING PHILOSOPHY, INC.		

Principal Place of Business 230 ROYAL PALM WAY # 204 PALM BEACH, FL 33480	Mailing Address 780 S SAPODILLA AVE #214 WEST PALM BEACH, FL 33401
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2. Principal Place of Business	3. Mailing Address 616 Clearwater Park Rd #404
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State WPB FL	City & State WPB FL
Zip 33401	Country US

6. Name and Address of Current Registered Agent HADER, KAREN L 780 S SAPODILLA AVE #214 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 616 Clearwater Park Rd #404
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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 	(Signature, typed or printed name of registered agent and the date if applicable.)	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADER, KAREN 780 S SAPODILLA AVE #214 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 616 Clearwater Park Rd #404 WPB FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50040703

