

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022257

FILED
May 16, 2006
Secretary of State

Entity Name: PERFORMANCE TRAINING GROUP, INC.

Current Principal Place of Business:

10203 BENNINGTON DR
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

10203 BENNINGTON DR
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 59-3496589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHRUP, GINA
10203 BENNINGTON DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

POTITO, GINA M
10203 BENNINGTON DR
TAMPA, FL 33626 US

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: GINA M POTITO

05/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORTHRUP, GINA
Address: 10203 BENNINGTON DR
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: POTITO, GINA M
Address: 10203 BENNINGTON DRIVE
City-St-Zip: TAMP, FL 33626

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: POTITO, GINA M
Address: 10203 BENNINGTON DRIVE
City-St-Zip: TAMP, FL 33626 US

Title: MR () Change (X) Addition
Name: OJEDA, JESUS
Address: 10203 BENNINGTON
City-St-Zip: TAMPA, FL 33626 US

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: GINA M POTITO

PRES

05/16/2006

Electronic Signature of Signing Officer or Director

Date