2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 08:00 AM Secretary of State

Caytime Phone #

DOCUMENT # P98000084119 1. Entity Name DAVGAR TRAINING & DEVELOPMENT CONSULTING, INC.					Secre	iaiy Oi	State
201	NEW YORK AVE. F	eiling Address 2.0. BOX 2066 VINTER PARK, FL 32790				NEKEN LEGIK BERNEK KENDE K	18/18 (8/18/8) (6/18/8)
	And the second s		1				
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numb		CR2E034 (11/	Applied For
				59-353 5. Certificate	of Status Desired	\$8.75 Fee Re	Not Applicable Additional quired
6. Name and Address of Current Registered Agent			ملعدة والهجيدة	\$ `_\risk\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	- 14 (2)	· _ · ² <u>wi</u> st
GARCIA, GINA M 601 NORTH NEW YORK AVE. WINTER PARK, FL 32789			and the second s	a financia	NOT WI	e introduce in a second	
 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 fills	K epplicable. (NOTE: Registers	ki Agent signature require	d when reinstating)		DATE	
FILE NOWILL FRE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campeign Finar Trust Fund Contribution.				.00 May Be fed to Fees			
10.	OFFICERS AND DIRE	CTORS		•	n na sala	1 4 A	19.000 公書
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, GINA M 601 NORTH NEW YORK AVE. WINTER PARK, FL 32789						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARKETT, RUSSELL 601 N. NEW YORK AVE. WINTER PARK, FL 32789				- 17 FOR H	5.30 0 7-01 7-1	
TITLE MAME STREET ADDRESS CITY-ST-ZIP					NOT W		distribute description of the second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				The service of the se
t2. I hereby indicated of the corphanged	certify that the Information supplied with this I on this report or supplemental report is true reporation or the receiver or trustee empowers to on an attachment with an address, with a	illing does not qualify for the ex and accurate and that my signa d to execute this report as requ Il other like empowered.	emptions contained ture shall have the fred by Chapter 60	d in Chapter 119	9, Florida Statutes, I I	further certify that	the information flicer or director 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .