

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90119 013 \*\*\*150.00

**DOCUMENT # P98000086570**

1. Entity Name

DIVERSIFIED TRAINING SERVICES, INC.



Principal Place of Business\*

2253 NW 72ND TERRACE  
PEMBROKE PINES FL 33024  
US

Mailing Address

2253 NW 72ND TERRACE  
PEMBROKE PINES FL 33024  
US

2. Principal Place of Business

1539 THORNAPPLE

Suite, Apt. #, etc.

3. Mailing Address

1539 THORNAPPLE LANE

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

59-3537539

Applied For

Not Applicable

Zip

32771

Country

US

Zip

32771

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMS, JEFFREY  
2253 NW 72ND TERRACE  
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

HELMS, JEFFREY

Street Address (P.O. Box Number is Not Acceptable)

1539 THORNAPPLE LANE

City

SANFORD

FL

Zip Code

32771

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PO ☐ Delete  
NAME HELMS, JEFFREY A  
STREET ADDRESS 2253 NW 72ND TERR.  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #

Jeffrey A. Helms

Jeffrey A. Helms

3/30/06

407 587 9925