

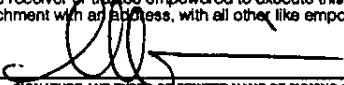


FILED
Feb 23, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S82578 1. Entity Name LEAD ABATEMENT CONSULTING & TRAINING SYSTEMS, INC.			
Principal Place of Business 900 NW 5TH AVE FT. LAUDERDALE, FL 33311		Mailing Address 900 NW 5TH AVE FT. LAUDERDALE, FL 33311	
DO NOT WRITE IN THIS SPACE			
		02162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0292015	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STUMP, JAMES F. 900 NW 5TH AVE FT. LAUDERDALE, FL 33311		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000645256 03/02/07-80077-005 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STUMP, JAMES F. 900 NW 5TH AVE FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAAN, JULIE 900 NW 5TH AVE FORT LAUDERDALE, FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNICK, MARK 900 NW 5TH AVE FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 Chapter 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: 		2/20/07 800-966-9933 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			