


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 003 ***150.00

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DOCUMENT # S92584					
1. Entity Name SYSTEMS TECHNICAL TRAINING AND RESEARCH CORPS., INC.					
Principal Place of Business 5155 DOGWOOD DR MILTON, FL 32570 US			Mailing Address 5155 DOGWOOD DR MILTON, FL 32570 US		
2. Principal Place of Business - No P.O. Box # 5025 ONEIDA TRAIL Suite, Apt. #, etc.		3. Mailing Address 5025 ONEIDA TRAIL Suite, Apt. #, etc.			
City & State MILTON, FL		City & State MILTON, FL		4. FEI Number 59-3094466	
Zip 32583		Country SANTA ROSA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32583		Country SANTA ROSA		02272008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent FARRIS, C. LAMAR 5025 ONIEDA TRAIL MILTON, FL 32583			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>C Lamar Farris</i> (NOTE: Registered Agent signature required when reinstating) DATE: 3/12/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARRIS, C. LAMAR 5025 ONIEDA TRAIL MILTON, FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FARRIS, MARY P. 5025 ONIEDA TRAIL MILTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, JOHN DAVID 5235 WILLING STREET, STE B MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTOR, ROBERT J 6531 WHIPORWILL LANE MILTON, FL 32583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>P. Lambert</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/12/08 850 2616057 Date Daytime Phone #		