


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V36939</b> 1. Entity Name PROFESSIONAL TRAINING INSTITUTE, INC.					
Principal Place of Business 19718 E COUNTRY CLUB DRIVE AVENTURA, FL 33180 US		Mailing Address 19718 E COUNTRY CLUB DRIVE AVENTURA, FL 33180 US			
<b>DO NOT WRITE IN THIS SPACE</b>		<b>(V36939=====P)</b>  01182007    No Chg-P    CR2E034 (11/05)			
4. FEI Number 65-0344035		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  PEELER, LYNDA 19718 E. COUNTRY CLUB DRIVE SUITE 1018 AVENTURA, FL 33180					
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: <u><i>Lynda Peeler</i></u> <small>Signature/typed printed name of registered agent and title if applicable.</small>		DATE: <u>3-30-07</u> <small>(NOTE: Registered Agent signature required when retreating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	PSD				
NAME	PEELER, LYNDA				
STREET ADDRESS	19718 E. COUNTRY CLUB DRIVE				
CITY- ST- ZIP	AVENTURA, FL 33180				
TITLE	D				
NAME	PALMER, DAN				
STREET ADDRESS	19718 E COUNTRY CLUB DR				
CITY- ST- ZIP	AVENTURA, FL 33180				
TITLE					
NAME					
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CITY- ST- ZIP					
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TITLE					
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: <u><i>Lynda Peeler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR</small>		Date: <u>3/30/07</u> Daytime Phone #: <u>305-692-9363</u>			

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