

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006719

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: INTERACTIVE SPORTS TRAINING, INC.

**Current Principal Place of Business:**

13613 WATERFALL WAY  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

13613 WATERFALL WAY  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 22-3916827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADY, ART  
13613 WATERFALL WAY  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WILLIAMS, JOSEPH  
Address: 2912 VILLA ROSA PARK  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: SCARPO, JAMES  
Address: 1802 CYPRESS CREEK RD  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: BOWE, RANDY  
Address: 1302 BELCHER DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: BRADY, ART  
Address: 13613 WATERFALL WAY  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH WILLIAMS

C

03/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date