


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90165 028 ***150.00

DOCUMENT # P03000005004
 1. Entity Name
 INTERNATIONAL TECHNOLOGY MEDIA, CORP.



Principal Place of Business
 8930 W FLAGLER ST, APT. 205
 MIAMI, FL 33174

Mailing Address
 1815 SW 107TH AVE
 MIAMI, FL 33165



2. Principal Place of Business
 8526 NW 110 PL
 Suite, Apt. #, etc.

3. Mailing Address
 8526 NW 110 PL
 Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
 Doral FL

City & State
 Doral FL

Zip
 33178

Country
 Miami Dade

Zip
 33178

Country
 Miami Dade

4. FEI Number
 05-0527839

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CASTANO, CLAUDIA
 1815 SW 107TH AVE
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name: Claudia Castano
 Street Address (P.O. Box Number is Not Acceptable): 8526 NW 110 PL
 City: Doral FL Zip Code: 33178

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, the registered agent.

SIGNATURE: *Claudia Castano*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CASTANO, CLAUDIA | |
| STREET ADDRESS | 1815 SW 107TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | AMAYA, JAIRO | |
| STREET ADDRESS | 1815 SW 107TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------|---|
| TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Claudia Castano | |
| STREET ADDRESS | 8526 NW 110 PL | |
| CITY-ST-ZIP | Doral FL 33178 | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Amaya Jairo | |
| STREET ADDRESS | 8526 NW 110 PL | |
| CITY-ST-ZIP | Doral FL 33178 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 the empowered.

SIGNATURE: *Claudia Castano* 04/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date