


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # P94000054126


1. Entity Name
 INTERACTIVE TRAINING MEDIA, INC.



Principal Place of Business Mailing Address

2625 MITCHAM DRIVE 2625 MITCHAM DRIVE
 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3255733 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GILPIN, JAMES A
 2625 MITCHAM DRIVE
 TALLAHASSEE, FL 32308

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

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

100000764314
 05/30/07-80058-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO GILPIN, JAMES A 2625 MITCHAM DRIVE TALLAHASSEE, FL 32308 |
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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 another line empowered.

SIGNATURE: James A. Gilpin 1/17/2007 (850) 877-5865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #