

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003226

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** INTERACTIVE TRAINING DISTRIBUTORS, INC.

**Current Principal Place of Business:**

120 EAST OAKLAND PARK BLVD  
STE 105-623  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

120 EAST OAKLAND PARK BLVD  
STE 105-623  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 52-1712981      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLISTON, TODD W  
8211 WEST BROWARD BLVD SUITE 375  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: MICHELSEN, GERI  
Address: 1520 NORTH EAST 30TH PLACE  
City-St-Zip: FT. LAUDERDALE, FL 33334

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

Title: MS. (X) Change ( ) Addition  
Name: MICHELSEN, GERI  
Address: 1520 NE 30TH PLACE  
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERI MICHELSEN

MS.

01/05/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date