



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # S35966			
1. Entity Name INTERNATIONAL TECHNOLOGY DISTRIBUTORS, INC.			
Principal Place of Business 14020 NORTHWEST 82ND AVENUE MIAMI LAKES, FL 33016 US		Mailing Address 14020 NORTHWEST 82ND AVENUE MIAMI LAKES, FL 33016 US	
2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DRUCKMAN, GERRY 14020 NORTHWEST 82ND AVENUE MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKMAN, JERRY	NAME	
STREET ADDRESS	2411 NE 196TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL	CITY-ST-ZIP	1111111111441977 03/03/06-80056-021 150.00
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKMAN, YEHUDITH	NAME	
STREET ADDRESS	2411 NE 196TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.			
SIGNATURE: 		DRUCKMAN, YEHUDITH <i>2/14/06</i> <sup>(305)</sup> 421-1143	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	