


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-04-2005 90068 036 ***150.00

DOCUMENT # H72756 1. Entity Name ITEC ENTERTAINMENT CORPORATION	
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Principal Place of Business 8544 COMMODITY CIR ORLANDO, FL 32819 US	Mailing Address 8544 COMMODITY CIR ORLANDO, FL 32819 US
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66012617



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2570279	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN DYER-POPPELT-MILBRATH&GILCHRIST 225 S ORANGE AVE, STE 1401 ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COAN, WILLIAM 9451 WESTOVER ROBERTS RD. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS JENSEN, JEFF 7717 BELVOIR DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLOGSTEDT, MARC A 940 LANCASTER DR. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

Bill Coan 18 APRIL 05 407 226 0200