


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90135 030 \*\*\*150.00

|  |                                     |   |  |   |  |
|--|-------------------------------------|---|--|---|--|
| <b>DOCUMENT # L26247</b><br>1. Entity Name<br><b>IDENTITY THEFT MANAGEMENT, INC.</b>   |                                     |   |  |    |  |
| Principal Place of Business<br><b>9003 GLADIN COURT<br/>ORLANDO, FL 32819</b>  |                                     |   | Mailing Address<br><b>P.O. BOX 653<br/>WINDERMERE, FL 34786</b>          |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                     | City & State  |  |   |  |
| Zip  | Country                             | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |                                     |   |  | 7. Name and Address of New Registered Agent   |  |
| <b>WHITE, GREGORY<br/>3200 S. HIAWASSEE RD<br/>STE 206<br/>ORLANDO, FL 32835</b>   |                                     |   |  | Name <u>Gregory White</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>4400 Alafaya Trail</u><br>City <u>Orlando</u> <u>FL</u> Zip Code <u>32826</u> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                     |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |   |  |
| TITLE  | D                                   | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>BUSCH, LOU-ANN</b>               |   | NAME   | <u>P.O. Box 653</u>   |  |
| STREET ADDRESS   | <b>3200 S. HIAWASSEE TD STE 206</b> |   | STREET ADDRESS   | <u>Windermere, FL 34786</u>   |  |
| CITY-ST-ZIP  | <b>ORLANDO, FL 32835</b>            |   | 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  |   |  |
| 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. |                                     |   |  |   |  |
| <b>SIGNATURE:</b> <u>Lou Ann Busch</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                     |   | <u>4-8-06</u> <u>407-876-4440</u><br><small>Date Daytime Phone #</small> |   |  |