

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86604

FILED
Mar 14, 2008
Secretary of State

Entity Name: INTERNATIONAL TOOL MACHINES OF FLORIDA, INC.

Current Principal Place of Business:

5 INDUSTRY DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

5 INDUSTRY DRIVE
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 58-1986097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEGO HANDEL
150 S. PALMETTO AVE.
SUITE 100
DAYTONA BEACH, FL 32114 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: PD () Delete
Name: GIEBMANN, KAROLA M
Address: 5 INDUSTRY DRIVE
City-St-Zip: PALM COAST, FL US

Title: D () Delete
Name: HANDEL, DIEGO
Address: 150 S. PALMETTO AVE., SUITE 200
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: AL FULAIJ, SALAH
Address: 5383 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: DST () Delete
Name: GANATRA, ANIL
Address: 5383 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: D () Delete
Name: AL MUZAINI, ISSA
Address: 5383 NW 106TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: D () Delete
Name: AL FULAIJ, SALEM
Address: 1421 BOYD LANE
City-St-Zip: COLUMBIA, MO 65202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAROLA GIEBMANN

PD

03/14/2008

Electronic Signature of Signing Officer or Director

Date