

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000003517**

1. Entity Name

INTERNATIONAL SOCIETY OF PROFESSIONAL  
THERMOGRAPHERS, INC.



Principal Place of Business

996 WESTWOOD SQUARE  
SUITE 5  
OVIEDO, FL 32765

Mailing Address

POST OFFICE BOX 1275  
GENEVA, FL 32730



02012006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

LEITCH, DOUGALD B  
996 WESTWOOD SQUARE  
SUITE 5  
OVIEDO, FL 32765

**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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11111111433528  
02/24/06-80021-011 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TO  
KING, TIM  
4175 LAKE HARNEY CIRCLE  
GENEVA, FL 32732

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEN, LEE  
1139 WEST OLD #4 HIGHWAY  
COWARD, SC 29530

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STOCKTON, GREG VCHRM  
8472 WALKER MILL ROAD  
RANDLEMAN, NC 27312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KLEINFELD, JACK VCHRM  
4011 HILLMAN AVENUE  
BRONX, NY 10463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
FITZPATRICK, JOE  
2758 LYNN STREET  
FEDERICK, MD 21704

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 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 617, 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: Tim King  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

321-867-1877

Daytime Phone #