


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003517 1. Entity Name INTERNATIONAL SOCIETY OF PROFESSIONAL THERMOGRAPHERS, INC.	
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Principal Place of Business 996 WESTWOOD SQUARE SUITE 5 OVIDO, FL 32765	Mailing Address POST OFFICE BOX 1275 GENEVA, FL 32730
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEITCH, DOUGALD B 996 WESTWOOD SQUARE SUITE 5 OVIDO, FL 32765	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 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	

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01/25/07-80036-023 61.25

**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:  **1-19-07** **321-867-1877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #