

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # N38726

1. Entity Name
 INTERNATIONAL RELIEF AND TRAINING, INC.

Principal Place of Business 1110 RIFLECREST AVE VALRICO FL 33594 US	Mailing Address P OBOX 1364 BRANDON FL 335091364 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-3015261

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		7. Name and Address of New Registered Agent	
BADENHORST MARLENE 1110 RIFLECREST AVE VALRICO FL 33594 US		Name VORSTER SAREL Street Address (P.O. Box Number is Not Acceptable) 1110 RIFLECREST AVE City VALRICO FL Zip Code 33594	

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.

SIGNATURE SAREL VORSTER DATE 04/27/2001

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADENHORST MARTHENNUS 1000 HARBOUR ISLAND BLVD NO. 2605 TAMPA FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH AMANDA 1110 RIFLECREST AVENUE VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SMITH AMANDA 1110 RIFLECREST AVENUE VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BADENHORST, MARLENE 1110 RIFLECREST AVE VALRICO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BADENHORST MARTHINUS L 1110 RIFLECREST AVE VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICHARDSON, CARL H. 304 EAST LUMSDEN ROAD BRANDON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON CARL H 304 EAST LUMSDEN ROAD BRANDON FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BADENHORST, M.L. DR. 1110 RIFLECREST AVE VALRICO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BADENHORST, M 1110 RIFLECREST AVE VALRICO FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARLENE BADENHORST DP 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)