

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38726

FILED
Apr 23, 2006
Secretary of State

Entity Name: INTERNATIONAL RELIEF AND TRAINING, INC.

Current Principal Place of Business:

1110 RIFLECREST AVE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1364
BRANDON, FL 335091364

New Mailing Address:

FEI Number: 59-3015261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VORSTER, SAREL J MR
1110 RIFLECREST
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

VORSTER, SAREL J MR
2106 DILLON COURT
VALRICO, FL 33594 US

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:

04/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BADENHORST, MARLENE MS
Address: 1110 RIFLECREST AVE
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: RICHARDSON, CARL H REV
Address: 304 EAST LUMSDEN ROAD
City-St-Zip: BRANDON, FL 33511 US

Title: DV () Delete
Name: BADENHORST, MARTHINUS L MR
Address: 1110 RIFLECREST AVE
City-St-Zip: VALRICO, FL 33594 US

Title: DTS () Delete
Name: SKINNER, AMANDA MS
Address: 1110 RIFLECEST AVE
City-St-Zip: VALRICO, FL 33594 US

Title: D () Delete
Name: VORSTER, TRUDIE M MS
Address: 1110 RIFLECREST AVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: VORSTER, TRUDIE M MS
Address: 2106 DILLON COURT
City-St-Zip: VALRICO, FL 33594 US

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE BADENHORST

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date