

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51481

FILED
Jan 16, 2006
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF BOMB TECHNICIANS AND INVESTIGATORS, INC.

Current Principal Place of Business:

IABTI C/O BARBAR DYER
14755 BACKWOODS TRAIL
FREDERICKSBURG, VA 22406

New Principal Place of Business:

Current Mailing Address:

IABTI C/O CT CORP.
1200 S PINE ISLAND RD
FORT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 51-0137445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYER, BARBARA
Address: PO BOX 160
City-St-Zip: GOLDVEIN, VA 22720

Title: D () Delete
Name: DOYLE, JOSEPH
Address: PO BOX 107
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: DENNIS, JERRY
Address: PO BOX 77130
City-St-Zip: BATON ROUGE, LA 70879

Title: D () Delete
Name: VILLA, BARNEY
Address: PO BOX 18301
City-St-Zip: ANAHEIM, CA 92817

Title: D () Delete
Name: GLASS, DAVID
Address: PO BOX 37941
City-St-Zip: SHREVEPORT, LA 71133

Title: D () Delete
Name: SMITH, GREG
Address: PO BOX 1351
City-St-Zip: SUISUN CITY, CA 94585

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
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Address:
City-St-Zip:

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 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: BARBARA DYER

D

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date