FILED
Jun 16, 2003 8:00 am
Secretary of State
05-05-2003 92211 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017249 (L)

55048328

1. Entity Name
ITC Innovations Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3030 N Fed Hwy	3030 N Fed Hwy
Suite, Apt. #, etc. Ste 11B	Suite, Apt. #, etc. Ste 11B
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33306 Country USA	Zip 33306 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Finn Ronning

Street Address (P.O. Box Number is Not Acceptable): 3030 N Federal Hwy Ste 11B

City: Ft Lauderdale FL Zip Code: 33306

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 (X) Finn Ronning
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/VP/T Finn Ronning 3030 N Fed Hwy Ste 11B Ft Lauderdale FL 33306
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE (X) Finn Ronning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #