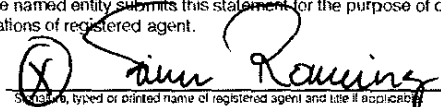
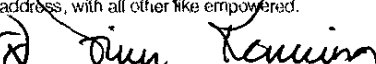


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 92211 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 00000017249(2)			
1. Entity Name ITC Innovations Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3030 N Fed Hwy Suite, Apt. #, etc. Ste 11B City & State Ft Lauderdale FL Zip 33306 Country USA		3. Mailing Address 3030 N Fed Hwy Suite, Apt. #, etc. Ste 11B City & State Ft Lauderdale FL Zip 33306 Country USA	
		4. FEI Number 65-0984011	
		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  (NOTE: Registered Agent signature required when reappointing) 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)