


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000041828	
1. Entity Name INTERNATIONAL DISASTER/FIRE TRAINING INSTITUTE, INC.	
	
Principal Place of Business 1405 91ST COURT N.W. BRADENTON, FL 34209	Mailing Address 1405 91ST COURT N.W. BRADENTON, FL 34209
DO NOT WRITE IN THIS SPACE	

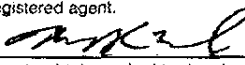


03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1022333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAKAR, MICHAEL R 1405 91ST COURT N.W. BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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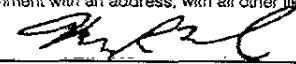
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Michael Makar 9 Mar 04
(NOTE: Reg. and Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000099368 (03/31/04-R0003-002 150.00)
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MAKAR, MICHAEL R 1405 91ST COURT NORTH WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAKAR, MARIANNE M 1405 91ST COURT NORTH WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael R. Makar 9 Mar 04 841-761-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #