

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

P01000059506

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 16 AM 9:56

4/20/05 92323 017 150.00



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000059506 1. Entity Name INTERNATIONAL MARITIME TRAINING, INC.																					
Principal Place of Business 910 SE 17TH STREET FT. LAUDERDALE FL 33316			Mailing Address 910 SE 17TH STREET FT. LAUDERDALE FL 33316																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number 65-1116199																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent FRY, MARK 2424 CAT CAY LANE FORT LAUDERDALE FL 33312				7. Name and Address of New Registered Agent Name MARK FRY Street Address (P.O. Box Number is Not Acceptable) 2424 CAT CAY LANE City FT LAUDERDALE FL Zip Code 33312																	
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 <i>Mark Fry</i> MARK FRY PRESIDENT 02/02/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRY, MARK</td> </tr> <tr> <td>STREET ADDRESS</td> <td>910 SE 17TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE FL 33316</td> </tr> </table>			TITLE	D <input type="checkbox"/> Delete	NAME	FRY, MARK	STREET ADDRESS	910 SE 17TH STREET	CITY-ST-ZIP	FT. LAUDERDALE FL 33316	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <i>Mark Fry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/02/05 954-779-7764 <small>Date Daytime Phone #</small>																		