

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000038805

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** IDENTITY THEFT SOLUTIONS CORPORATION

**Current Principal Place of Business:**

1477 MARKET STREET  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16223  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 82-0554174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARR, KEITH D  
8131 BLOYS CT.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

CARR, KEITH D  
1477 MARKET STREET  
TALLAHASSEE, FL 32312 US

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

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: CARR, KEITH D  
Address: 1477 MARKET STREET  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEITH D. CARR

PCEO

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date