

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000114536

**FILED**  
**Jun 09, 2006**  
**Secretary of State****Entity Name:** INTERNATIONAL THERMAL WIZARDS, INC.**Current Principal Place of Business:**3900 N.W. 79TH AVENUE  
SUITE #526  
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**3900 N.W. 79TH AVENUE  
SUITE #526  
MIAMI, FL 33166**New Mailing Address:****FEI Number:** 57-1135531      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GLADE, CLIFFORD  
86000 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** GLADE, CLIFFORD  
**Address:** 86000 OVERSEAS HIGHWAY  
**City-St-Zip:** ISLAMORADA, FL 33036**Title:** SEC ( ) Delete  
**Name:** WAGNER, KENNETH F  
**Address:** 206 GULFVIEW DRIVE  
**City-St-Zip:** ISLAMORADA, FL 33026**Title:** D ( ) Delete  
**Name:** LECLAIR, JAMES  
**Address:** 382 BATES ROAD  
**City-St-Zip:** COVINGTON, GA 30014**Title:** D ( ) Delete  
**Name:** MILLER, RANDAL  
**Address:** 1302 YARBOROUGH DRIVE  
**City-St-Zip:** PEACHTREE CITY, GA 30269**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** CHASE, SIMONS  
**Address:** 25 SUNSET AVENUE  
**City-St-Zip:** WEST HAMPTON BEACH, NY 11978**Title:** D ( ) Change (X) Addition  
**Name:** BAGNELL, WESLEY  
**Address:** 12080 LANDOVER LANE  
**City-St-Zip:** FISHER, IN 46038

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. CLIFFORD GLADE

PRES

06/09/2006

Electronic Signature of Signing Officer or Director

Date