## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000114536

Entity Name: INTERNATIONAL THERMAL WIZARDS, INC.

FILED Apr 20, 2007 Secretary of State

The state of the s							
Current Principal Place of Business:				New Principal Place of Business:			
3900 N.W. 3 SUITE #526 MIAMI, FL 3		E					
Current Mailing Address:				New Mailing Address:			
3900 N.W. 79TH AVENUE SUITE #526 MIAMI, FL 33166							
FEI Number:	57-1135531	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GLADE, CLIFFORD 86000 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 US				GLADE, CLIFFORD 82771 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 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:					04/20/2007		
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () I GLADE, CLIFFO 86000 OVERSEA ISLAMORADA, F	AS HIGHWAY		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition FFORD RSEAS HIGHWAY DA, FL 33036	
Title: Name: Address: City-St-Zip:	SEC () Delete WAGNER, KENNETH F 206 GULFVIEW DRIVE ISLAMORADA, FL 33026		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WAGNER, KENNETH F 206 GULFVIEW DRIVE ISLAMORADA, FL 33026			
Title: Name: Address: City-St-Zip:	D () I LECLAIR, JAME: 382 BATES ROA COVINGTON, GA	D		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CHASE, SIMONS 25 SUNSET AVE			Title: Name: Address: City-St-Zip:	D BAGNELL, V 12080 LAND FISHER, IN	DOVER LANE	
Title: Name: Address: City-St-Zip:	D (X) BAGNELL, WES 12080 LANDOVE FISHER, IN 460	ER LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	

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 04/20/2007