

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000114536

FILED
May 23, 2008
Secretary of State**Entity Name:** INTERNATIONAL THERMAL WIZARDS, INC.**Current Principal Place of Business:**3900 N.W. 79TH AVENUE
SUITE #429
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**3900 N.W. 79TH AVENUE
SUITE #429
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
82771 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: CEO () Delete
Name: GLADE, CLIFFORD CEO
Address: 82771 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036 US

Title: SEC () Delete
Name: WAGNER, KENNETH F SEC
Address: 206 GULFVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33026 US

Title: PRES () Delete
Name: BAGNELL, WESLEY PRES
Address: 12080 LANDOVER LANE
City-St-Zip: FISHER, IN 46038 US

Title: D (X) Delete
Name: GASTALDI, WALTER DIRECT
Address: 127 BAYVIEW ISLE DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: GASTALDI, WALT SEC
Address: 127 BAYVIEW ISLE DRIVE
City-St-Zip: ISLAMORADA, FL 33026 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

CEO

05/23/2008

Electronic Signature of Signing Officer or Director

Date