


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90435 016 \*\*\*150.00

DOCUMENT # P03000099381			
1. Entity Name ITECH VENTURES, INC.			
Principal Place of Business 7779 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201		Mailing Address 7779 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201	
2. Principal Place of Business 2555 Porter Lake Drive		3. Mailing Address 3853 Virga Blvd.	
Suite, Apt. #, etc. Suite 109		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State Sarasota, Florida	
Zip 34240-7865		Zip 34233-1221	
Country		Country	
4. FEI Number 20-0212642		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORNTREGER, TIMOTHY J 7779 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201		7. Name and Address of New Registered Agent Name Allen E. Langdon, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 125 First Avenue City Nokomis FL Zip Code 34275-4242	
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>Allen E. Langdon</i> DATE: April 28, 2004 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BORNTREGER, TIMOTHY J STREET ADDRESS 7779 PLANTATION CIRCLE CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete	TITLE D, P NAME Bortreger, Timothy J. STREET ADDRESS 3853 Virga Blvd. CITY-ST-ZIP Sarasota, FL 34233-1221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME BORNTREGER, AMOS J STREET ADDRESS 25 S HOULE AVENUE CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE D, VP NAME Bortreger, Amos J. STREET ADDRESS 25 South Houle Avenue CITY-ST-ZIP Sarasota, FL 34232-2362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BORNTREGER, MICHELE H STREET ADDRESS 7779 PLANTATION CIRCLE CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete	TITLE D, S, T NAME Bortreger, Michele H. STREET ADDRESS 3853 Virga Blvd. CITY-ST-ZIP Sarasota, FL 34233-1221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Allen E. Langdon</i>		April 28, 2004 (941) 400-9606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	